

**Department of Workforce Services  
and  
Arkansas Workforce Investment Board Issuance PY 07-05**

**From:** Artee Williams, Director  
Colette Honorable, Executive Director

**Date:** October 3, 2007

**Subject:** TEA 3350-3351, TEA 3500-3524, New TEA Forms and Work Verification Plan.

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1. **Purpose:** To revise the TEA Policy, procedures and develop new forms to comply with Arkansas Act 514 of 2007 and 45 CFR 261.
2. **Background:** The policy revisions will supersede any previously issued clarification or policy regarding TEA Policy 3350-3351, TEA Policy 3500-3524 and TEA case management forms.
3. **Information:** See Attachments
4. **Action Required:** Effective September 30, 2007, the following policy revisions will be in effect.
5. **For Additional Information:** Please contact Derwin Taylor, Program Operations Manager, if there are any questions and/or to make comments at [derwin.taylor@arkansas.gov](mailto:derwin.taylor@arkansas.gov) or phone at 501-683-1353.
6. **Expiration:** Until Superseded

# MANUAL TRANSMITTAL

## Arkansas Department of Workforce Services Division of Employment Assistance

☒ Policy ☐ Form ☐ Policy Directive

Issuance Number: TEA 07-03

Transitional Employment Assistance Manual

Issuance Date: 09/28/07

From: Cindy Varner  
Assistant Director of Employment Assistance

Expiration Date: Until Superseded

Subj: TEA 3350-3351, TEA 3500-3524 and New TEA Forms

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### Summary of Changes

New Forms - DWS/TEA-1, 65, 175-178, 181, 187-188, 196-198, 1400, 1402, 1404-1416, 1420-1422, 1427, 1429-1433, 1437, 1446

Effective September 30, 2007, revisions to the TEA Policy and procedures are being made to comply with Arkansas Act 514 of 2007 and 45 CFR 261

TEA Policy 3350-3351 and 3500-3524, client has been removed and replaced with participant. Case manager has been replaced with worker for individuals handling sanctioned cases. Progressive sanction has been removed and replaced with non-compliance sanction. Progressive sanction process has been replaced with new non-compliance process.

The sanction process is as follows:

1. TEA benefits will be suspended for one (1) month.
2. If the participant fails to comply after the benefits have been suspended, the suspended payment will be lost.
3. In addition to losing the suspended payment, the monthly benefit amount will be reduced by 25% for up to three (3) months of non-compliance.
4. If the participant's non-compliance continues after the fourth (4) month, a second suspension period will be imposed for two (2) months. The suspended benefits are at the full payment level.
5. If the participant fails to comply after the benefits have been suspended a second time, the suspended benefits will be lost. In addition to losing the suspended payments, the monthly benefit amount will be paid at the 50% reduced level for up to three (3) months.
6. Case closure

If during the suspension period(s) the participant becomes compliant within fifteen (15) business days of suspension period and maintains compliance for two (2) weeks, the suspended TEA payment will be paid to the participant.

Throughout this section of policy revisions have been made to determining good cause, applying the non-compliance sanction, home visits and contacts during the non-compliance sanction, lifting the sanction and reapplication after closure.

**Inquiries to:** Renee Green, TEA Unit, 683-1356, [renee.green@arkansas.gov](mailto:renee.green@arkansas.gov)  
Donna Roshell, TEA Unit, 683-1355, [donna.roshell@arkansas.gov](mailto:donna.roshell@arkansas.gov)  
Derwin Taylor, TEA Unit, 683-1353, [derwin.taylor@arkansas.gov](mailto:derwin.taylor@arkansas.gov)  
Paula Gentry, TEA Unit, 682-8182, [paula.gentry@arkansas.gov](mailto:paula.gentry@arkansas.gov) [contact for eligibility issues only]

**3350**      ***Minor Parent Non-Compliance***

Failure to comply occurs when a minor parent who is subject to the minor parent work activity requirement fails to satisfactorily participate without good cause in education or vocational education training.

A minor parent who is subject to the minor parent work activity requirement is a minor parent who has at least one child who is also included in the TEA cash assistance case.

**Note:** Refer to TEA 3510-3511 for good cause procedures.

**3351**      ***Minor Parent Non-Compliance Sanction***

If good cause is not established and the minor parent does not state a willingness to cooperate, the non-compliance sanction will be as follows:

- First three months of non-compliance - TEA payment reduced by 25% of the amount for which the family is eligible.
- Subsequent months of non-compliance - TEA payment will be reduced by 50% of the amount for which the family is otherwise eligible.

**NOTE:** The case will not be closed due to the non-compliance of a minor parent.

The worker will maintain contact with the minor parent during the months that he or she is under a work requirement non-compliance sanction. The purpose of the contacts will be to counsel and encourage the minor parent to come into compliance. The worker will discuss any problems or issues that may be preventing participation in education or vocational education training activities and attempt to find solutions.

The case record will be clearly documented to reflect the contacts that are made or attempted.

The sanction will be lifted and the TEA payment increased to the amount for which the family is eligible at any time following two weeks of full compliance.

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## **3500      Employment Services - Non-Compliance**

The purpose of the non-compliance process is to encourage the applicant or recipient to comply with the work activity requirement so that the months the family receives TEA assistance are productive in assisting the participant in successfully reaching the goal of full time employment while safeguarding the health and well being of the children.

### **3501      *Defining Failure to Comply***

Failure to comply occurs when a person who is required to participate in the program:

- fails to participate in a work activity;
- refuses to accept employment;
- terminates employment without good cause; or
- otherwise fails to comply with his or her Employment Plan;

### **3510      *Good Cause***

The non-compliance process will be stopped if the person demonstrates that he or she had good cause for not complying. The determination of good cause is a DWS local office decision.

Good cause for failure to comply will be found to exist if:

1. The individual is the parent or other relative personally providing care for a child under age six (6) years and child care is not available.
2. Child care (or day care for any incapacitated individual living in the same home as a dependent child) is necessary for an individual to participate or continue participation in the program or to accept employment and such care is not available.
3. Transportation is unavailable.
4. The working conditions would be a risk to the person's health or safety.
5. The worksite is only available because of a labor dispute.
6. The individual was subject to discriminatory practices based on age, sex, race, religion, disability, political affiliation, veteran status, color or national origin.

7. The offer of employment is not a specific job at a stated wage, which meets the Federal minimum wage.
8. The failure to participate was due to events beyond the participant's control, which include, but are not limited to: inclement weather, family emergency, natural disaster, a short term illness which temporarily prevents employment, or mail loss.

### 3511      *Determining Good Cause*

Once failure to comply with TEA work requirements has been established, the following procedures will be followed:

1. Contact the participant to give him or her an opportunity to explain why he or she failed to comply and make a determination of good cause, if appropriate. This contact should be in writing (DWS/TEA-1, letter, etc.). If the contact is made by phone or face-to-face, the case record must be documented accordingly. The worker should provide the participant, at a minimum, the following information:
  - a. The specific act of non-compliance;
  - b. A reasonable time (e.g., 10 days if contacting the participant by mail) to establish good cause prior to applying the sanction.
  - c. If the sanction is imposed, it will result in the cash assistance payment being suspended, reduced or terminated.  
**Note:** Suspended is defined as a period in which the family's financial assistance shall be held pending compliance. After which the family's assistance may be reduced, lost and/or paid at the regular grant amount
  - d. That the sanction months in which benefits are received will continue to count toward the individual's 24-month time limit.
2. If the participant contacts the DWS local office and good cause is determined to exist, then all non-compliance procedures will stop and the participant will be rescheduled for an appropriate activity.  
**Note:** Any time a participant meets a deferral reason, the non-compliance process will be stopped.
3. If good cause does not exist but the participant states a willingness to cooperate, the participant will be required to engage in an appropriate activity for a period of 2 (two) weeks. If the participant does not satisfactorily complete the two weeks of participation then the

**Arkansas Department of Workforce Services  
Notice of TEA Time Limit Determination**

**TO:**

**DATE:**

**FROM:**

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**Section I. TIME LIMIT EXTENSION NOTICE**

Your TEA cash assistance will be extended for \_\_\_\_\_ months, beginning the month of \_\_\_\_\_ through the month of \_\_\_\_\_.

☐ You must come in for an Employment Plan Update to discuss your current situation. Your appointment for the Employment Plan Update is scheduled for \_\_\_\_\_ at \_\_\_\_\_  
Time Date

Please contact me at the telephone number below if you cannot keep this appointment.

**Our policy supporting this action is Transitional Employment Assistance (TEA) Policy 4141 & 4141.1**

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**Section II. NOTICE OF TEA CASH ASSISTANCE CASE CLOSURE**

☐ Your TEA cash assistance case will not be extended. Your case will be closed effective \_\_\_\_\_. The last month in which a TEA cash benefit will be added to your EBT account will be \_\_\_\_\_.

☐ Because you are employed, you will receive one (1) month of Extended Support Services transportation assistance in the month following your last month of TEA cash benefits. You will also receive an Employment Bonus if you have not already received one in the past 12 months. These will be added to your EBT account. If you need child care assistance, contact your Case Manager.

☐ Your extension period has been shortened for the reason shown below. Your cash assistance case will close due to the time limit effective \_\_\_\_\_. The last month in which a TEA cash benefit will be added to your EBT account will be \_\_\_\_\_.

**Reason:**

**Our policy supporting this action is Transitional Employment Assistance (TEA) Policy 4141 & 4141.1**

If you appeal this action by \_\_\_\_\_ your assistance may be continued at its present level until a hearing decision is issued. However, if the county office action is upheld you will be liable for repayment of the monies paid to you to which you were not entitled.

**Please see the enclosed information (PUB-393) on services that may continue to be available to you after your case closes.**

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**PLEASE READ THE BACK OF THIS NOTICE FOR INFORMATION ABOUT WHAT TO DO IF YOU DISAGREE WITH THIS ACTION.**

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Signature of DWS Local Office Manager

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Phone Number

### **SECTION III. YOUR RIGHT TO A HEARING**

If you disagree with the closure of your TEA cash assistance case, you may request and receive a Hearing.

If you request a Hearing by the date shown on the front page, your assistance may be continued at its present level pending a decision on your appeal. If assistance is continued at its present level you will be required to repay the additional benefits if the hearing decision is not in your favor.

The latest date you may file an appeal is 30 days from the date of this notice.

### **SECTION IV. HOW TO FILE FOR A HEARING**

If you are not satisfied with the decision on your case, you may request a hearing by completing form DHS-1200 (Appeal for a Hearing), or by writing the Appeals and Hearings Section, P. O. Box 1437, Slot 1001, Little Rock, AR 72203-1437. Form DHS-1200 can be obtained from the local Human Services Office.

### **SECTION V. YOUR RIGHT TO REPRESENTATION**

If you request a Hearing, you have the right to appear in person and to be represented by a lawyer or other person you select. If you wish to have a lawyer, you may ask your local DWS Office to help you arrange for one. If free legal services are available where you live, you may ask your DWS Office for their address and phone number.

Prior to the hearing, you and/or your representative have the right to review your record and other evidence that will be presented at the hearing. You have the right to present evidence in your own behalf, to bring witnesses and to question any person who is presented as a witness against you.



## **Instructions**

### **DWS/TEA-177**

#### **Notice of TEA Time Limit Determination**

##### **Purpose**

The DWS/TEA-177 is used to notify a TEA participant of the decision to extend TEA benefits beyond the time limit, or close the case. This form will be sent to the participant after the case staffing and at any time during an extension period that it is deemed appropriate.

Section I is used to notify the participant that an extension has been granted. This section is also used to notify the participant of an Employment Plan Update appointment, if such appointment is determined appropriate.

Section II is used as an advance notice to notify the TEA participant that his/her TEA cash assistance has reached the limit and the case will be closed.

##### **Completion**

Section I - Completion is self explanatory. Please note that the DWS local office manager must sign the form.

Section II – Because DWS/TEA-177 serves as required “timely” and “adequate” notice of case closure due to the time limit, it is important that this section be completed in the same manner as the DCO-1. The effective date of closure will be the first day of the month following the last month of cash assistance. The last month of cash assistance will be entered in the appropriate space. The date shown in the box is the date by which the participant must file an appeal to have benefits continued pending the hearing. This date must be 10 days from the date of the notice. The date of the notice is the date the DWS local office manager signs the form.

**Example: Date of closure notice: April 10, 2006**

**30 –Day appeal must be made no later than May 10, 2006.**

**Appeal date for benefits to continue must be made by April 20, 2006.**

**Effective Date of Closure: July 1, 2006**

If the individual is eligible for the Transportation Assistance and/or Employment Bonus, check the box in this section.

##### **Routing/Retention**

The original DWS/TEA-177 will be sent to the participant with a copy filed in the Eligibility section of the TEA case record. The copy will be retained until the case record is destroyed. Refer to the **Arkansas General Records Retention Schedule** for additional information.

**Arkansas Department of Workforce Services  
Final Notice of TEA Time Limit Determination**

TO:

DATE:

FROM:

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You were previously notified that your TEA cash assistance case would be closed effective \_\_\_\_\_ because of the time limit. This notice is to advise you that your TEA cash assistance case has been closed.

Your Food Stamp and/or Medicaid cases are not affected by the time limit requirement. You will receive a separate notice if any changes occur in your Food Stamp and/or your Medicaid cases.

The TEA policy supporting this action is Transitional Employment Assistance (TEA) Policy 4141 and 4141.1.

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**Signature of TEA Case Manager**

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**Phone Number**

## **Instructions**

### **DWS/TEA-178**

#### **Final Notice of Time Limit Determination**

##### **Purpose**

Form DWS/TEA-178, Final Notice of Time Limit Determination, will be used as a reminder notice when closing the TEA cash assistance case to notify the client that his/her case has been closed due to reaching the time limit or the end of the extension period.

##### **Completion**

Completion of the DWS/TEA-178 is self-explanatory.

##### **Routing/Retention**

The original DWS/TEA-178 will be sent to the recipient with a copy filed in the eligibility section of the TEA case record. The DWS/TEA-178 will be retained in the case record until it is destroyed.

Refer to the **Arkansas General Records Retention Schedule** for additional information.

**Transitional Employment Assistance Program  
Employment Plan (EP)**

Date \_\_\_\_\_

I. Type of Plan: Initial EP ☐ EP Up-Date ☐ Update Method: Phone ☐ Letter ☐ Person ☐

II. Participant Name: \_\_\_\_\_  
Employment Goal Short Term \_\_\_\_\_  
Employment Goal Long Term \_\_\_\_\_  
Weekly Hours of Participating required \_\_\_\_\_ Assigned Work Activity \_\_\_\_\_  
Anticipated Completion Date \_\_\_\_\_

III.

Activity/Assignment	Hours per Week	Task	Who is Responsible	Activity Start Date	Where	Activity Completion Date
Total hours per week						

IV. I understand what is expected of me to meet the required weekly hours of participation. I helped develop this plan and I accept responsibility for this plan. I understand the services available to me and how to access the services too obtain the goal(s) of my plan. I understand that my TEA cash assistance payment may be reduced if I do not follow the steps in this plan.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

I have discussed the employment plan goal(s) and activities with the participant. I have explained to the participant what services are available and how to access the services to help obtain the stated goals of this plan. I have provided a copy of the employment plan to the participant.

\_\_\_\_\_  
Case Manager's Signature

\_\_\_\_\_  
Date

## Instructions

### DWS/TEA-181

## Employment Plan

### Purpose

The purpose of the Employment Plan is to identify a participant's short and/or long term goals and the activities that will occur in order to meet the specific goals.

### Completion

**Section I.** Place a check mark by the appropriate identifier. Include date of the plan development and/or update. If updating, please be sure to check the appropriate identifier to indicate the method of update.

**Section II.** In this section specify the name of the participant. Identify the short-term goal (one which can reasonably be accomplished within 6 months or less). Identify a long term goal, if this can be established at the time of the employment plan. **NOTE:** Not all goals may relate to employment, some may be set in order to help a participant to overcome other barriers (e.g.; substance abuse treatment). The number of hours required for participation must be listed. The assigned work activity requirement and an anticipated date to complete the specific goal should be determined. **NOTE:** Not all families will require the same amount of time to complete either short or long term goals and in some instances it may not be necessary to set any short-term goals; the participant may be ready to start action toward their long-term goal. Identify the proper activity or activities for the participant. (Some participants may have more than one activity).

**Section III.** This section is to be used to identify the steps needed to accomplish a set goal. It is divided into seven (7) segments as follows:

1. Activity/Assignment-Identify the specific activity to be completed to accomplish either short-term or long term goal (Example: Obtain GED).
2. Hours per week –specify the number of hours per week required for each activity identified in the Activity/Assignment column.
3. Task – Identify the steps that need to be taken to reach the goal. (Example: Contact Adult Education and register for classes for GED).
4. Who –Indicate the person or Agency responsible for completing the identified task.
5. Activity Start Date –Specific begin date for the activity. (Note: may also include a projected end date)
6. Where –Identify where the participant or case manager should go to accomplish the identified task (Example: Office of Adult Education). Address and phone number should also be stated if available.
7. Date the activity is completed, (after the goal has been accomplished).

**Section IV:** A review of the entire Employment Plan should be done with the participant to ensure that the statement of understanding is read to the participant. The participant will be required to sign and date the form. The case manager will sign and date the form verifying that he/she has explained the Employment Plan to the participant.

### **Routing and Retention**

The original DWS/TEA-181 will be filed in the Work Activity Section of the case record and a copy will be given to the participant. The DWS/TEA-181 will be retained in the case record until the case record is destroyed.

Refer to the **Arkansas General Records Retention Schedule** for additional information.

Jobs for People. People for Jobs.

# DWS

## Department of WORKFORCE Services

### Section A

### BILLING AND ROUTING SHEET FOR TEA AND WORK PAYS

WORK PAYS REIMBURSEMENT ☐ TEA REIMBURSEMENT ☐ SSN / VIN \_\_\_\_\_

Person/Provider to Be Paid: \_\_\_\_\_ Check # \_\_\_\_\_

### Section B

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

GOODS, SERVICES, TRANSPORTATION EXPENSE, MISCELLANEOUS COSTS AND/OR ASSISTANCE PROVIDED  
(Section E, page 2 (on back) must be completed to be reimbursed for Personal Mileage and Miscellaneous costs.)

Description:	Amount:
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Payment	\$ _____

(If more lines are needed, complete Section B-Attachment)

(Reporting these expenses does not guarantee that you will be reimbursed)

### Section C (See Section C of the Instructions to Determine Who Should Sign for DWS Authorization)

I certify that the information reported on this form is correct, that all expenses or assistance was incurred while participating in TEA; that the goods and/or services have been received and/or rendered, or that the assistance provided is allowable.

Signature Client/Provider/Vendor: \_\_\_\_\_ Date: \_\_\_\_\_

Official Title: \_\_\_\_\_

DWS Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Official Title: \_\_\_\_\_

### Section D

#### Required Supporting Documents and Submissions Instructions:

If payment is being made for reimbursement of expenses other than mileage and miscellaneous costs, attach a receipt marked "Paid".

To pay a provider/vendor directly, attach the original invoice or bill. (If the provider/vendor is an individual, section B may be completed in lieu of an invoice. If this is done, the provider/vendor's signature is required in section C.)

**Mail to:** Department of Workforce Services Attention: TANF P.O. Box 34170 LR, AR 72203-4170

County Office \_\_\_\_\_ Worker Name \_\_\_\_\_ Telephone Number \_\_\_\_\_





**ARKANSAS DEPARTMENT OF WORKFORCE SERVICES**

**Acknowledgement of Receipt  
Of  
PUB-389 –TEA Support Services**

**Section I. Acknowledgement by TEA Case Manager**

My signature below certifies that I have explained PUB-389, regarding supportive services to the individual named below and provided him or her with a copy.

\_\_\_\_\_  
Signature of Case Manager

\_\_\_\_\_  
Date

**Section II. Acknowledgement by Client**

My signature below certifies that PUB-389 regarding Supportive Services has been explained to me and that I have been given a copy of the PUB. I also understand that if I have questions after I leave my case manager, I can contact the DWS local office.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

**ARKANSAS DEPARTMENT OF WORKFORCE SERVICES**

**Acknowledgement of Receipt  
Of  
PUB-389 –TEA Support Services**

**Section I. Acknowledgement by TEA Case Manager**

My signature below certifies that I have explained PUB-389, regarding supportive services to the individual named below and provided him or her with a copy.

\_\_\_\_\_  
Signature of Case Manager

\_\_\_\_\_  
Date

**Section II. Acknowledgement by Client**

My signature below certifies that PUB-389 regarding Supportive Services has been explained to me and that I have been given a copy of the PUB. I also understand that if I have questions after I leave my case manager, I can contact the DWS local office.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

## **Instructions**

### **DWS/TEA-188**

#### **Acknowledgement of Receipt of PUB-389**

##### **Purpose**

The DWS/TEA-188, Acknowledgement of Receipt for PUB-389, certifies that PUB-389, TEA Support Services, has been explained and a copy of the PUB has been provided to the participant.

Section I. will be signed and dated by the participant certifying that PUB-389, TEA Support Services, has been explained and that he or she received a copy.

##### **Routing**

The DWS/TEA-188 will be filed in the Work Activity section of the TEA case record.

##### **Retention**

Refer to the **Arkansas General Records Retention Schedule** for additional information.

**Arkansas Department of Workforce Services  
TEA Pre-Staffing Summary Report**

Case head  Case#   
 Date TEA Cash Opened  Date of last EP  Date of last contact with participant   
 Months Remain on TEA (TEPC)  Type of Staffing (6<sup>th</sup>, 12<sup>th</sup>, 18<sup>th</sup>, 22<sup>nd</sup>, other)   
 Single Parent Household ☐ Yes ☐ NO ☐ Two Parent Household ☐ Yes ☐ No  
 Number of Adults Living in Home  Number of Children Living in Home   
 Ages of Children

**TEA Work Activity Information**

Deferred: Yes ☐ No ☐ Date deferred  If Yes, for what reason   
 Exempt: Yes ☐ No ☐ Date exempted  If Yes, for what reason   
 Sanctions: Yes ☐ No ☐ Date sanctioned  If Yes, for what reason

Current Work Activity Assignment	Hours Assigned	Meeting Required Participation Hours
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>

Identified Strengths:

Identified Barriers:

Family issues affecting participation/employment:

**Referral to Other Agencies**

Referral To	Date of Referral	Reason for Referral	Outcome/Follow-Up

### TABE TEST RESULTS

YES ☐ NO ☐ If YES, please answer the following:

Reading	Date	Score
Math	Date	Score

### SUPPORTIVE SERVICES

SERVICES	ON-GOING –Yes or No	One Time only Yes or No	Provided By
Child care	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Transportation	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Medicaid	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Food Stamps	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Car Repairs	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Utility Assistance	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Housing	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Family Planning	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Prepared By:   
TEA Case Manager's Name

Date Prepared:

Supervisory Review Prior to Distribution  Date Reviewed   
TEA Supervisor

**Confidentially Statement:** The information disclosed on this form is taken from records which are confidential under State and Federal laws and regulations. This restriction prohibits you from making any further disclosure of the information without specific written consent of the person to whom it pertains.

## **Instructions**

### **DWS/TEA-196**

#### **TEA Pre-Staffing Summary Report**

##### **Purpose**

Form DWS/TEA-196, TEA Pre-Staffing Summary Reports, is used to share information on the participant's current status or progress since the last staffing. This information will be shared with Staffing Team members who are invited to attend the Case Management Staffing. The Team Members will review the report prior to the staffing so that they are aware of the individual's circumstances.

##### **Completion**

The TEA Pre-Staffing report will be completed and signed by the Case Manager. The TEA Supervisor or DWS local office manager will review and sign the report prior to sending it to the Staffing Team members.

##### **Routing and Retention**

The original copy of the Form DWS/TEA-196 will be mailed to the participant and a copy mailed or routed to each team member five (5) calendar days prior to the scheduled Case Management Staffing to allow adequate time for review prior to the staffing date and time. A copy will be filed in the Case Management Section of the TEA case record and retained until the case record is destroyed.

Refer to the **Arkansas General Records Retention Schedule** for additional information.

**Arkansas Department of Workforce Services  
TEA Case Management Staffing Documentation**

Case head  Case Number  Staffing Date

**Type of Review:**

6<sup>th</sup> Month ☐ 12<sup>th</sup> ☐ 18<sup>th</sup> ☐ 22<sup>nd</sup> ☐ other ☐

**Participating Staffing Team Members:**

Primary Case Manager	<input type="text"/>	Invited <input type="checkbox"/> Present <input type="checkbox"/>
Client /Family Member	<input type="text"/>	Invited <input type="checkbox"/> Present <input type="checkbox"/>
Supervisor(s)	<input type="text"/>	Invited <input type="checkbox"/> Present <input type="checkbox"/>
DWS local office manager	<input type="text"/>	Invited <input type="checkbox"/> Present <input type="checkbox"/>
DCFS Representative	<input type="text"/>	Invited <input type="checkbox"/> Present <input type="checkbox"/>
Other Provider(s)	<input type="text"/>	Invited <input type="checkbox"/> Present <input type="checkbox"/>
	<input type="text"/>	Invited <input type="checkbox"/> Present <input type="checkbox"/>
	<input type="text"/>	Invited <input type="checkbox"/> Present <input type="checkbox"/>

Notes from discussion of Strengths:

Notes from discussion of Barriers:

Notes from discussion of family Issues Preventing Participation/Employment:

Is there danger of foster Care Placement/Family disruption? Yes ☐ (explain below) No ☐

Notes from discussion of Employment Plan:

**Client Employment Status:**

Employer:  Date Employed:   
Number of Hours Presently Working:  Length of Current Employment:   
Currently monthly Earnings:   
Currently NOT Working Date of Last Employment:

Reasons Employment Has Not Been Obtained: (Include a description of the efforts made by DWS and other service providers to assist the participant/family along with a description of what the participant has been asked to do, how this was explained and the participant's reaction to these proposed plans).

Will current earnings fully support the family in the event supportive service(s) terminate? (Example: Need higher wages? How High? More working hours? Specific skills training/different employment?)

Identify Needed Resources:

**Case Action Taken**

Based on information identified during the staffing, it is determined that the following TEA case action will be taken:

- ☐ Employability Plan Update
- ☐ Other (Please explain)

Date of next periodic staffing:

Signatures \_\_\_\_\_  
Case Manager Date TEA Supervisor Date



## **Instructions**

### **DWS/TEA-197**

#### **TEA Case Management Staffing Documentation**

##### **Purpose**

Form DWS/TEA-197, TEA Case Management Staffing Documentation, is used to obtain the participant's Staffing information regarding progress, barriers, etc, and to update the participant's Employability Plan to include this information.

##### **Completion**

The TEA Case Manager/designee during the Case Management Staffing of the participant will complete form DWS/TEA-197. The TEA Supervisor or DWS local office manager and the case manager will sign the form after the staffing has been completed and action determined.

##### **Routing/Retention**

The original copy of form DWS/TEA-197 will be filed in the Case Management Section of the TEA case record and retained until the case record is destroyed. A copy will be mailed to each individual attending the Case Management Staffing.

Refer to the **Arkansas General Records Retention Schedule** for additional information.

**Arkansas Department of Workforce Services  
TEA Case Management Staffing Documentation**

Case head  Case Number  Staffing Date

**Type of Review:**

6<sup>th</sup> Month ☐ 12<sup>th</sup> ☐ 18<sup>th</sup> ☐ 22<sup>nd</sup> ☐ other ☐

**Participating Staffing Team Members:**

Primary Case Manager	<input type="text"/>	Invited <input type="checkbox"/> Present <input type="checkbox"/>
Client /Family Member	<input type="text"/>	Invited <input type="checkbox"/> Present <input type="checkbox"/>
Supervisor(s)	<input type="text"/>	Invited <input type="checkbox"/> Present <input type="checkbox"/>
DWS local office manager	<input type="text"/>	Invited <input type="checkbox"/> Present <input type="checkbox"/>
DCFS Representative	<input type="text"/>	Invited <input type="checkbox"/> Present <input type="checkbox"/>
Other Provider(s)	<input type="text"/>	Invited <input type="checkbox"/> Present <input type="checkbox"/>
	<input type="text"/>	Invited <input type="checkbox"/> Present <input type="checkbox"/>
	<input type="text"/>	Invited <input type="checkbox"/> Present <input type="checkbox"/>

Notes from discussion of Strengths:

Notes from discussion of Barriers:

Notes from discussion of family Issues Preventing Participation/Employment:

Is there danger of foster Care Placement/Family disruption? Yes ☐ (explain below) No ☐

Notes from discussion of Employment Plan:

**Client Employment Status:**

Employer:  Date Employed:   
Number of Hours Presently Working:  Length of Current Employment:   
Currently monthly Earnings:   
Currently NOT Working Date of Last Employment:

Reasons Employment Has Not Been Obtained: (Include a description of the efforts made by DWS and other service providers to assist the participant/family along with a description of what the participant has been asked to do, how this was explained and the participant's reaction to these proposed plans).

Will current earnings fully support the family in the event supportive service(s) terminate? (Example: Need higher wages? How High? More working hours? Specific skills training/different employment?)

Identify Needed Resources:

**Case Action Taken**

Based on information identified during the staffing, it is determined that the following TEA case action will be taken:

- ☐ Employability Plan Update
- ☐ Other (Please explain)

Date of next periodic staffing:

Signatures \_\_\_\_\_  
Case Manager Date TEA Supervisor Date

**Arkansas Department of Workforce Services  
Time Limit Case review Checklist**

Date  of  Month Staffing

Participant's Name  Case Number

- ☐ Is recipient currently employed?
- ☐ Is current household income sufficient to meet family's, basic needs?
- ☐ Does the recipient continue to have barriers to employment?
- ☐ Are there available resources to address those barriers?
- ☐ Have all available supportive services been provided?
- ☐ Were there barriers identified during the staffing that were not known to the agency (DWS/TEA-198)?
- ☐ Did the recipient have any barriers during the 22 months that have not been addressed?
- ☐ Were all appropriate referrals made?  
(TABE, Learning Disability, ARS, etc.) Did recipient receive services through ARS?
- ☐ Did recipient receive services/treatment for Substance Abuse?
- ☐ I/was recipient a victim of Domestic Violence?
- ☐ Is recipient participating in Education/Training activities?
- ☐ Is recipient within 6 months of completion of education/training?
- ☐ Are children at risk of foster care placement if benefits are terminated?
- ☐ Are children at risk of abuse or neglect if benefits are terminated?
- ☐ Were there any extraordinary circumstances that affected participation?
- ☐ Did the recipient fully comply with all work activity assignment?

Comments:

Extension Granted at  Month? Yes ☐ for  Months No ☐

If yes, check the reason below for the extension:

- ☐ Fully cooperated, unable to obtain employment due to circumstance beyond participant's control.
- ☐ Extension deemed appropriate based on the individual case circumstances.
- ☐ Participated in education/training, complied with all work activities and is within 6 months of completion of the current education/training program.

Extension begins  and ends

Signatures _____	_____
Case Manager	Date
_____	_____
DWS local office manager	Date

## **Instructions**

### **DWS/TEA-198**

#### **Time Limit Case Review Checklist**

##### **Purpose**

Form DWS/TEA-198, Time Limit Case Review Checklist, is used when determining whether an extension of the 24-month time limit to the tea cash assistance case. DWS/TEA-198 is to be completed at the 22<sup>nd</sup> month staffing and all subsequent staffings.

##### **Completion**

Form DWS/TEA-198 will be completed by the case manager after the 22<sup>nd</sup> month staffing and subsequent staffings. The case manager will check off the appropriate responses to the questions. Comments may be provided if necessary. The case manager will also check whether or not the extension was granted and if yes, complete the month the extension is granted (e.g. 24<sup>th</sup> month, 30<sup>th</sup> month, etc), check the reason for granting the extension and enter the time period for which the extension covers. The TEA case manager and the DWS local office manager will sign the DWS/TEA-198 after a determination has been made on the time limit extension.

##### **Routing/Retention**

The DWS/TEA-198 will be signed by the case manager and the DWS local office manager and will be retained in TEA case record in the Case Management section (Section 6 of 6 part folder).

Refer to the **Arkansas General Records Retention Schedule** for additional information.

**TEA PROVIDER AGREEMENT  
BETWEEN  
ARKANSAS DEPARTMENT OF WORKFORCE SERVICES**

DWS Local Office

AND

NAME OF PROVIDER

THROUGH

**Purpose of Agreement:** By Signature on this agreement

- a. The Provider signifies a willingness to participate in the Department of Workforce Services, (hereafter referred to as the Department) WISE Payment System and to accept the Department's DWS/TEA-187, Billing & Routing Form. If a business, the provider must include a completed invoice.
- b. This agreement must be signed by all providers who are paid from the WISE Payment System, excluding providers transporting TEA participants and child care providers. Providers paid only through the day care voucher program must continue to use the DHS-9800. The provider understands that services covered by this agreement depend on the needs of the participant and prior arrangements made via form DWS/TEA-1427, Provider Service Authorization.

**Provider Assurances:**

- a. The Provider assures the Department that he or she will comply with all the Department's requirements set forth in the agreement. Failure to adhere to the assurances established in the agreement shall be grounds for the Department's written notification of immediate termination to participate as a Provider in the WISE Payment System.
- b. The Provider agrees to sign form DWS/TEA-1427, TEA Provider Services Authorization, as the only means of authorizing services other than child care, e.g. Adult Education.
- c. The Provider agrees to supply appropriate DWS case manager with proof of EIN number, IRS Letter 147-C, signed W-9 form, and agrees that services will not be authorized if this information is not submitted.
- d. The Provider agrees to report any change in arrangements that will affect the Provider, participant, and/or payment, within ten (10) calendar days from the date on which the change occurred.
- e. The provider, if a business, agrees to submit a signed invoice billing of services. If the provider is not a business, form DWS/TEA-187, Billing and Routing Sheet will be completed. The provider must sign the billing form.
- f. The Provider agrees that checks for payment of services rendered will be made through the WISE Payment System.
- g. The Provider will grant permission by signing this form, to the Department and/or the Office of Chief Counsel to request, receive and communicate with the Office of Legislative Audit or other audit firm regarding any audit concerns or findings as they relate to the performance of any audit conducted for the provision of TANF funded services under this agreement.
- h. The Provider agrees that services provided to TEA participants of the Department will be in compliance with the non-discrimination laws under Title 45 of the Code of Federal Regulations: Part 80 (Non-discrimination the basis of race, sex or religion) and Part 84 (non-discrimination on the basis of handicap); Title 28, Part 35 (non-discrimination on the basis of disability in state and local government services Final Rule); and Title 41 Part 60-74 (OFCCP: Affirmative Action Regulations on Handicapped Workers).

**Provider Assurances: Continued**

The Provider acknowledges and will comply with state and federal laws requiring affirmative action/equal opportunity in employment and service delivery. Copies of the referenced regulations will be provided upon request.

- i. The Provider agrees to comply with the provisions of Audits of State and Local Governments and Nonprofit Organizations and any audits related to the Omnibus Budget Reconciliation Act. Copies of the above referenced circulars and guidelines will be furnished upon request.
- j. The Provider agrees to comply with any monitoring visits conducted by the DWS Monitoring Unit with written notification of the monitoring visit.
- k. The Provider agrees to obtain the parent's/guardian's signature on each monthly billing form DWS/TEA-187, Billing and Routing Sheet and/or invoice prior to submission for payment.
- l. The Provider agrees that only directors, owners, or authorized representative will sign the DWS/TEA-187, Billing and Routing Sheet, and/or invoice.

**Departmental Responsibilities:**

- a. The Department shall determine the eligibility of participants and fees to be assessed those authorized to be served through the WISE Payment System. The eligible participant will receive information relative to eligibility requirements, fees, verification information, and limitations on services/payment amounts, prior to any services rendered and payments made.
- b. The Department shall determine the maximum amounts to be paid for Non child care services. No payments beyond these amounts will be made by the Department.
- c. TEA funds will be used to pay for only those services for which written authorization has been given. The Department will not pay for any services rendered by a Provider unless: 1) the service has been authorized by an appropriate Department employee(s) via DWS/TEA-1427; 2) a signed agreement has been received and is on file; and 3) other requirements relative to provider eligibility have been met.
- d. The Department agrees to notify the Provider of termination of services in a timely manner using the appropriate form and time frames set forth in the TEA policy.
- e. The Department agrees to provide information relative to Employer Identification Number (EIN) requirements (SS-4, W-9 and IRS Letter 147-C when appropriate) prior to authorizing any services (See Explanation of Term below).
- f. The Department agrees to make available to the Provider necessary technical assistance concerning policy (including this Provider Agreement), record keeping requirements and billing procedures.
- g. The Department shall not be obligated to pay for any bills received more than thirty (30) calendar days after the end of the month for which services were rendered, unless the Provider can demonstrate good cause for untimely submission of required documentation/form.

**Explanation of Term:**

**EIN - Employer Identification Number.** A federal number obtained from the Internal Revenue Service. Anyone conducting business with the Department must have or obtain an EIN. There is no charge for obtaining the EIN number. A request for form SS-4 to apply for an EIN can be made by calling the Internal Revenue Service (IRS) toll-free at 1-800-829-1040. The IRS will then provide additional information regarding the complete EIN application process. If you already have a federal Tax Identification number from the IRS, it will not be necessary to obtain an EIN. Information provided on the W-9 must match information related to the IRS Letter 147-C.

**Signatures:**

DWS/TEA-1400 (09/07)

The Provider agrees that the state service (s) will be provided based on the terms of this agreement and no bills shall be submitted nor payments received for services not authorized via form DWS/TEA-1427. The Provider agrees that the information submitted on form DWS/TEA-1427 will be true to the best of their knowledge and ability. It is further understood that any falsification of records shall result in immediate termination from the WISE Payment System by the Department and additional appropriate investigation/action. The Provider fully understands that total payments received of \$600 or more as a result of providing any of the stated services, is considered taxable income and will be reported to the Internal Revenue Service (IRS) by the Department via form 1099-MISC. The Provider also acknowledges that the Department may correct billing/payment errors on submitted billing forms, after proper notification. Provider may contact the appropriate case manager to discuss any matter related to the terms of this agreement.

Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

Social Security Number \_\_\_\_\_

Employer Identification Number (EIN) \_\_\_\_\_ - \_\_\_\_\_ or

Federal Tax ID Number \_\_\_\_\_ - \_\_\_\_\_

Date W-9 signed \_\_\_\_\_

License/Registration Number \_\_\_\_\_

Mailing Address _____	Street Address _____
_____	_____
_____	_____

Phone No. \_\_\_\_\_

Department of Workforce Services Authorized/Designee Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

DWS Office \_\_\_\_\_

Address \_\_\_\_\_

Phone No \_\_\_\_\_



## **Instructions**

### **DWS/TEA-1400**

#### **TEA Provider Agreement**

##### **Purpose**

Form DWS/TEA-1400, TEA Provider Agreement provides the Provider with a complete, detailed explanation of the TEA Payment System, including responsibilities of the Department and Provider Assurances.

The case manager will enter the DWS local office county location, Provider's name and begin and end dates of the agreement. The case manager will review the Provider and Department responsibilities with the Provider.

The Provider and the Department designee will complete the appropriate information on the form. The Agreement between the Department and the Provider will not be considered valid unless all information is obtained. An agreement must be signed by all Providers who are paid only through the WISE System.

##### **Routing**

The original DWS/TEA-1400 will be filed in a central location in the DWS local office. Once a valid DWS/TEA-1400 is on file, the Provider does not have to sign another form unless there is a change. A copy of the DWS/TEA-1400 will be given to the Provider and a copy filed in the individual's TEA case record.

##### **Retention**

The DWS/TEA-1400 is valid for up to two years (based on State Fiscal Year). The Provider will be required to sign a new agreement at the end of the second fiscal year. Refer to the **Arkansas General Records Retention Schedule** for additional information.

## Arkansas Department of Workforce Services

### TEA Skills, Employability and Intake Assessment Background Information

#### Instructions:

- Read entire form carefully before you begin to write.  
Write neatly. If you make a mistake, draw one line through the mistake and re-write. *Example: "Write ~~netatly~~neatly" or "Write neatly in ink".*
- Answer every question. If you do not think a question applies to you, write "N/A" or not applicable.
- Return this form to your worker when you have completed it to the best of your ability.

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date \_\_\_\_\_  
County \_\_\_\_\_

#### Section I.

1. Who will take care of your children while you attend TEA activities or employment?

Name \_\_\_\_\_

What relation is he/she to you? \_\_\_\_\_

What is his/her address \_\_\_\_\_

Phone number \_\_\_\_\_

2. What type of transportation do you have?

Check all that apply:

\_\_\_ My own Car

\_\_\_ City bus or taxi

\_\_\_ Other (explain)

\_\_\_ Borrow a car

\_\_\_ Ride with someone

3. Do you have a current driver's license? \_\_\_ YES \_\_\_ NO

4. Do you have any license or certificates which might help you get a job, such as a  
chauffer's license? \_\_\_ YES \_\_\_ NO

5. Have you registered with the Arkansas Department of Workforce Services (DWS)?  
\_\_\_ YES \_\_\_ NO

6. Have you registered with any other employment or training service?  
\_\_\_ YES \_\_\_ NO, if yes, please specify \_\_\_\_\_

7. Do you have a High School Diploma? \_\_\_ YES \_\_\_ NO, If NO, do you have your  
GED? \_\_\_ YES \_\_\_ NO

8. What is the highest grade you completed? \_\_\_\_\_

9. Do you have any post secondary education (college, vo-tech, etc)? \_\_\_ YES \_\_\_ NO

**Section II**

1. a List below the last four employers you have contacted regarding employment.

<u>Employer</u>	<u>Position Applied For</u>	<u>Interviewed</u>		<u>Date of Results</u>
		YES	NO	
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

2. b Employment Skills- Please check any of the employment skills that you have below.

Clerical \_\_ Manufacturing \_\_ Fast Foods \_\_ Hotel \_\_ Restaurant \_\_ Child Care \_\_  
Nursing \_\_ Teacher \_\_ Sales Clerk \_\_ Cashier \_\_ Housekeeping \_\_  
Lawn & Garden \_\_ Masonry \_\_ Carpentry \_\_ Machine Operator \_\_  
Machine Operator \_\_ Maintenance Mechanic \_\_ Other (please specify) \_\_\_\_\_

Employment History- Please list your employment history. List your most recent employment first.

Employer's Name & Address	Job Title	Date Started	Date Left	Reason for Leaving	Wages

2. Are all members of your household healthy? \_\_\_\_ YES \_\_\_\_ NO If no, explain \_\_\_\_\_

3. Do you have any personal or family problems which would prevent you from active participation in TEA? \_\_\_\_ YES \_\_\_\_ NO If yes, explain \_\_\_\_\_

4. In your opinion, what are the contributing reasons for your present unemployment? \_\_\_\_\_

5. Have you ever been convicted of a felony? \_\_\_\_ YES \_\_\_\_ NO If yes, explain \_\_\_\_\_

### Section III

6. Are you now in a relationship with a person, in which there is physical, sexual, emotional or verbal abuse? ☐ YES ☐ NO if yes, explain \_\_\_\_\_
7. Have you ever been in a relationship in which there was physical, sexual, emotional or verbal abuse? ☐ YES ☐ NO If yes, explain \_\_\_\_\_
8. Have ever felt you should cut down on your drinking or drug use? ☐ YES ☐ NO If yes, explain \_\_\_\_\_
9. Have people annoyed you by criticizing or complaining about your drinking or drug use? ☐ YES ☐ NO If YES, explain \_\_\_\_\_
10. Have you ever felt bad or guilty about your drinking or drug use? ☐ YES ☐ NO If yes, explain \_\_\_\_\_
11. Have you ever had a drinking or drug in the morning (eye opener) to steady your nerves or to get rid of a hangover? ☐ YES ☐ NO if yes, please explain \_\_\_\_\_
12. Do you use any drugs other than those prescribed by a physician? ☐ YES ☐ NO If yes, explain \_\_\_\_\_
13. Has a physician ever told you to cut down or quit use of alcohol or drugs? \_\_\_\_\_
14. Has your drinking/drug use caused family, job or legal problems? \_\_\_\_\_
15. When drinking/using drugs have you ever had a memory loss (blackout)? \_\_\_\_\_

### Section IV

#### TEA Participant Signature:

I have answered all questions to the best of my ability, and I believe all answers to the correct.

I understand that I will be notified of the time and date of my next appointment.

If I get a job, I agree to call my case manager, and give my employer's name and job title, my pay rate and start date. I will also notify my case manager of any job about which I hear and which I am unable to get.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Section V**

**Case Manager Comments/Observations:**

---

**Case Manager Signature**

---

**Date**

## **Instructions**

### **DWS/TEA-1402**

#### **TEA Skills, Employability, & Intake Assessment Background Information**

#### **Purpose**

Form DWS/TEA-1402 is used to obtain preliminary information regarding the participant's skills, employability, and background information. In addition, the form will be used to screen for domestic violence and substance abuse in TEA participant. Depending upon the individual, the case manager may determine additional information is needed to fully complete the evaluation.

#### **COMPLETION**

The TEA participant will complete the DWS/TEA-1402. The case manager should review the participant's answers and if any questions have not been answered, discuss them with the participant. The case manager may add the participant's responses to the appropriate questions. The participant must sign and date the form.

#### **ROUTING**

The DWS/TEA -1402 will be retained in the case file. A copy of the DWS/TEA-1402 will be given to the participant.

#### **RETENTION**

The DWS/TEA-1402 will be retained until the case record is destroyed. Refer to the **Arkansas General Records Retention Schedule** for additional information.

**Arkansas Department of Workforce Services  
Transitional Employment Assistance (TEA)**

**NOTIFICATION TO PROVIDER**

Date \_\_\_\_\_

County \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear \_\_\_\_\_

Authorization to bill TEA for \_\_\_\_\_, service(s) that you are currently providing for \_\_\_\_\_ will end on \_\_\_\_\_. No further services are to be provided and TEA will not pay for any services rendered after the above date.

You must submit your final bill for services provided up to \_\_\_\_\_, the date services ended/will end. This bill must be submitted within thirty (30) days of the above date service ended in order for you to be paid.

If you have any questions, please contact me at \_\_\_\_\_.

Sincerely,

\_\_\_\_\_  
Signature of Worker

\_\_\_\_\_  
Title

cc: \_\_\_\_\_, Participant  
Case Record

\_\_\_\_\_  
Case Number

## **Instructions**

### **DWS/TEA-1404**

#### **Notification to Provider**

##### **Purpose**

The DWS/TEA-1404 is used by the DWS local office to inform providers that their authorization to provide service to a TEA participant has ended.

##### **Completion**

The TEA case manager will complete the DWS/TEA-1404 in duplicate.

##### **Routing**

The TEA case manager will mail one copy of the DWS/TEA-1404 to the provider, while retaining the second copy on file.

##### **Retention**

The DWS/TEA-1404 will be retained for three years after the case closes and any audits have been completed. Refer to the **Arkansas General Records Retention Schedule** for additional information.



**Arkansas Department of Workforce Services  
Transitional Employment Assistance (TEA)**

**APPOINTMENT NOTICE**

Case Type  
Date  
County

Dear

You have been scheduled for a                      on the following date:

**DATE:**

**TIME:**

**PLACE:**

You are required to keep the above appointment. If you cannot keep this appointment, you must call me at                      by                      (date). If you do not keep this appointment on the above date and fail to call or contact me, your                      case/application could be affected.

Sincerely,

\_\_\_\_\_  
Signature of Case Manager/Designee

\_\_\_\_\_  
Title

**Additional Information/Instructions:**

## **Instructions**

### **DWS/TEA-1405**

## **Appointment Notice**

### **Purpose**

The DWS/TEA-1405 is used by the DWS local office to schedule participants for different program activities (assessment, EP Update, etc.).

### **Completion**

The case manager will complete the DWS/TEA-1405 in duplicate.

### **Routing**

The case manager will mail one copy of the DWS/TEA-1405 to the participant, while retaining the second copy in the case record.

### **Retention**

The DWS/TEA-1405 will be retained for three years after the case closes and any audits when the participant fails to keep their scheduled appointment. Refer to the **Arkansas General Records Retention Schedule** for additional information.

**Arkansas Department of Workforce Services  
Transitional Employment Assistance (TEA)  
Work Site Participant Agreement**

As a TEA participant assigned to Work Experience/Community Service, I agree to:

1. Participate by accepting the Work Site assignment and performing satisfactorily the required number of hours specified below.
2. Call the Training Supervisor at my Work Site, identified below, when I cannot be at my assignment and state my reason for absence.
3. Notify my case manager if I experience any problems on the Work Site.
4. Notify my case manager if I need childcare or supportive services to enable me to continue participation in the assignment.

As a TEA participant assigned to Work Experience/Community Services, I understand that:

1. Failure to participate the required number of hours, unless excused, may result in closure of my TEA case.
2. The Training Supervisor at the Work Site will complete a time card/progress report regarding my participation every two weeks.
3. I am in training and am not covered by Worker's Compensation.

My assignment is at \_\_\_\_\_  
Name of Work Site  
as a \_\_\_\_\_  
Job Title  
beginning \_\_\_\_\_ for \_\_\_\_\_  
Date Length of Assignment  
I will participate \_\_\_\_\_ Hours per \_\_\_\_\_ Days per week.

JOB DESCRIPTION:

My job description has been explained to me, and I understand it.

My Training Supervisor will \_\_\_\_\_  
Who can be contacted at \_\_\_\_\_  
This agreement entered into \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Participant's Signature \_\_\_\_\_ County \_\_\_\_\_ Phone Number \_\_\_\_\_  
Case Manager's Signature \_\_\_\_\_ Phone Number \_\_\_\_\_

**Arkansas Department of Workforce Services**  
**Transitional Employment Assistance (TEA)**  
**Participant Time Card/Progress Report for Work Participation Activities**

**PART A:**

County \_\_\_\_\_ Name of Worksite \_\_\_\_\_  
 Participant's Name \_\_\_\_\_ Worksite Address \_\_\_\_\_  
 Social Security Number \_\_\_\_\_  
 Job Title/Activity \_\_\_\_\_ Training/Activity Supervisor's Name \_\_\_\_\_  
 Dates: Begin \_\_\_\_\_ End \_\_\_\_\_  
 To work/Participate \_\_\_ hours per day \_\_\_ days per week  
 Job/Activity description \_\_\_\_\_

**Part B: Work/Activity Schedule and Time Card**

Please complete using these codes, for each day participant is scheduled to work or participate

**R-Regular Hours    E-Excused Hours    H-Holiday Hours    U-Unexcused absence**

Work/Activity Date	Code	Actual Number Hours Worked/Participated

Work/Activity Date	Code	Actual Number Hours Worked/Participated

**Part C: Worksite/Activity Supervisor's Evaluation of Performance**

- |                                  |   |  |   |
|----------------------------------|---|--|---|
| 1. Supervision required          | <input type="checkbox"/> General only   | <input type="checkbox"/> Same as other individuals at site | <input type="checkbox"/> Intensive          |
| 2. Instruction required          | <input type="checkbox"/> General        | <input type="checkbox"/> Same as others at site            | <input type="checkbox"/> Very Detailed      |
| 3. Corrections of completed task | <input type="checkbox"/> Above Average  | <input type="checkbox"/> Average                           | <input type="checkbox"/> Below Average      |
| 4. Motivation - Task completion  | <input type="checkbox"/> Self-motivated | <input type="checkbox"/> Req. Occasional reminder          | <input type="checkbox"/> Req. Rep. Reminder |

Outstanding

Satisfactory

Needs Improvement

- |                             |                          |                          |                          |
|-----------------------------|--------------------------|--------------------------|--------------------------|
| 5. Appearance               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Attitude                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Arrives on time          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Gets along well w/others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

9. Recommendations for improving performance or other comments \_\_\_\_\_

**PART D.** To be completed by Work/Activity Site Participant evaluation

I ☐ Agree ☐ Disagree with the

of my performance.

Comments \_\_\_\_\_  
 \_\_\_\_\_

Participant's Signature

Date

Supervisor's Signature

Date

## **Instructions**

### **DWS/TEA-1407**

## **Participant Time Card/Progress Report for Work Participation Activities**

### **Purpose**

The DWS/TEA-1407 is used to record the attendance and progress of participants assigned to the Work Experience/Community Services/Satisfactory Attendance in School, Education, Job Skills and Providing Child Care component.

### **Completion**

The DWS/TEA-1407 is completed in triplicate. The Case manager completes Part A, by entering the participant's county, name, Social Security number, job/activity title, dates assigned to that worksite, work/activity schedule, worksite information, and name of the training/activity supervisor in the appropriate spaces provided. The Case manager will enter the job/activity description as provided in the Worksite Agreement (DWS/TEA-1408) if it is a work experience or community service. All other activities will not need a worksite agreement but will require description of the activity.

The worksite's Training/Activity Supervisor will complete Part B, by entering the date of each day the participant is scheduled to work/participate within the bi-weekly report period in the first column. The appropriate code (R-regular hours, E-excused hours, H-holiday, U-unexcused hours) will be entered in the second column. The number of actual hours worked/participated by the participant is entered in the third column. The worksite's Training/Activity Supervisor will complete Part C, Items 1 through 8, by marking an "x" in the box before the work/phrase which most accurately describes the participant's performance. The Training/Activity Supervisor may use item 9 to recommend ways the participant could improve his or her performance or to make comments not related to Items 1 through 8.

The Training/Activity Supervisor will review the evaluation with the participant. The participant will mark the appropriate box in Part D, indicating whether he/she agrees with the evaluation, and then may add any comments he/she has. Then the participant and the Training/Activity Supervisor will sign and date the form.

### **Routing**

The DWS local office will route the original and two copies with Part A completed to the worksite's Training/Activity Supervisor for each bi-weekly period the participant is working/participating at the worksite. Only one set (original and two copies) should be sent at a time to avoid confusion. After the remainder of the form is completed, the Training/Activity Supervisor will return the original to the DWS local office, give one copy to the participant, and retain one copy for his/her records.

### **Retention**

The DWS/TEA-1407 will be retained in the TEA case record for three years after the case closes and any audits are completed. Refer to the **Arkansas General Records Retention Schedule** for additional information.

**Arkansas Department of Workforce Services (DWS)  
Transitional Employment Assistance (TEA)  
TRAINING SITE AGREEMENT**

\_\_\_\_\_ hereafter referred to as the Site Trainer, hereby enters into an agreement with the \_\_\_\_\_ DWS local office Transitional Employment Assistance (TEA) program to provide a training site wherein TEA participants, who are assigned, can learn employment and vocational skills. The TEA program is authorized and operated within the Department of Workforce Services.

Participants are not compensated at an hourly rate, for they are not employees of the training site or of DWS, but are recipients of TEA receiving training at a specific training site. TEA participants are not covered by Worker's Compensation, but are covered by a special insurance policy purchased by the TEA program.

**DWS agrees to:**

1. Refer appropriate participants to the site for employment and vocational skills training.
2. Provide an explanation of the program and furnish Participant Time Card/Progress Report for Work Participation Activities forms to the Training Supervisor.
3. Assist participants in arranging childcare, transportation and other supportive services as necessary to enable them to participate in training.
4. Provide counseling and assist the Training Supervisor and/or the participant(s) should any unexpected problems arise.

**Training Site agrees to:**

1. Comply with all applicable federal, state and local laws and regulation related to the performance of the agreement, including providing a safe training environment.
2. Not discriminate on the basis of age, race, creed, color, sex, handicap, or national origin, political affiliation, veteran status and religion.
3. Maintain the confidentiality of any information regarding participants and their immediate families that may be obtained through their participation in TEA.
4. Provide general employment skills training/instructions. This will include, but not limited to, the following general areas: reporting to work on time; working as a team; dressing appropriately for the job; learning to follow instructions/directions; conducting oneself properly on the training site; learning to work independently of others; etc.
5. Provide specific job instructions, constructive supervision, and all necessary supplies, equipment, and materials necessary for obtaining vocational skills regarding the following job description:

6. Require the Training Supervisor to attend any administrative hearing related to the participant is his/her testimony is requested.
7. Consult with a TEA case manager if a problem arises and allow the participant(s) a reasonable opportunity to adjust to or improve performance/behavior.
8. Not provide any compensation /pay to participants for training hours.
9. Not to displace regular employees, including employees who may be laid off, on strike, locked out or otherwise in a labor dispute, with TEA participants.
10. Accept only the number of participants for whom the site can provide effective and meaningful training experience.
11. Complete Participant Time Card/Progress Report for Work Participation Activities Reports for each participant and route a completed form to a TEA case manager after each bi-weekly period.
12. Preserve and make available records concerning all work performed under this agreement for a period of three years.
13. Make employees aware of their right to file a complaint if they feel their employment rights have been violated as a result of their participation at the training site.
14. Maintain daily supervision of participate and this supervision will be documented daily.

Provisions of this agreement will become effective upon signatures of the TEA case manager/Designee and the Training Site Representative. This agreement may be discontinued as a whole or for any particular participant by either party at any time.

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Signature of Training Site Representative

---

Title

---

Date

---

Signature of TEA Case Manager/Designee

---

Title

---

Date

## **Instructions**

### **DWS/TEA-1408**

#### **Training Site Agreement**

##### **Purpose**

The DWS/TEA-1408 is used to enter into an agreement between the Work Experience Training Site and the local DWS local office to provide services to the TEA participants(s).

##### **Completion**

The DWS/TEA-1408 is completed in duplicate. The Training Site Agreement will be explained to the Training Site Representative. The TEA case manager/designee and the Training Site Representative will sign the agreement.

##### **Routing**

The original is retained and filed in a central file in the DWS local office.

##### **Retention**

The DWS/TEA-1408 will be retained for three years after case closes and any audits have been completed. Refer to the **Arkansas General Records Retention Schedule** for additional information.



**Arkansas Department of Workforce Services  
Transitional Employment Assistance (TEA)  
Household Income and Expense Work Sheet**

**Name** \_\_\_\_\_ **SSN** \_\_\_\_\_ **Date** \_\_\_\_\_

**I**

<b>Income</b>	<b>Weekly</b>	<b>Monthly</b>	<b>Total per Month</b>
Wages & Salary (net - take home)			
Child Support			
Other			

A. Total Net Monthly Income \$\_\_\_\_\_ {Total Gross Income \$\_\_\_\_\_ }

**II**

<b>Shelter Expenses</b>	<b>Weekly</b>	<b>Monthly</b>	<b>Total per Month</b>
Rent/House Payment			
Real estate taxes			
Homeowner's insurance			
Electric bill			
Gas (heating) bill			
Water/sewer bill			
Phone bill			

B. Total Monthly Shelter Expenses \$\_\_\_\_\_ \*{20% of Gross Income \$\_\_\_\_\_ }

C. Total Remaining income \$\_\_\_\_\_ (A-B (or 20% amt.) = C)

\*If the total of shelter expenses in B is less than 20% of the participant's gross income, use the 20% amount to determine the remaining income.

**III**

<b>Other Expenses</b>	<b>Weekly</b>	<b>Monthly</b>	<b>Total per Month</b>
Cable TV			
Food (not purchased with Food Stamps)			
Household Supplies			
Clothing			
School Supplies			
Installment payments			
Credit Card payments			
Other			

D. Total Monthly Other Expenses \$\_\_\_\_\_

Total from C \$\_\_\_\_\_

Less Total from D (C - D) \$\_\_\_\_\_

E. Remaining Income \$\_\_\_\_\_

Expected expenses of owning and maintaining a vehicle

**IV**

<b>Expense</b>	<b>Weekly</b>	<b>Monthly</b>	<b>Total per Month</b>
Car/truck payment			
Insurance			
Gas and oil			
Maintenance			

F. Total Expected expenses \$\_\_\_\_\_

Does your income exceed your expenses? Yes ☐ No ☐

## **Instructions**

### **DWS/TEA-1409**

#### **Household Income and Expense Work Sheet**

##### **Purpose**

The DWS/TEA-1409 TEA Household Income and Expense Work Sheet is used to determine if a TEA participant can afford to make monthly payments on a vehicle prior to the DWS local office authorizing vehicle down payment assistance.

##### **Completion**

The case manager will complete the identifying information. The case manager will assist the participant in calculating the participant's gross and net monthly income. The case manager will enter the income and expenses in the spaces provided using information the participant has provided.

The case manager will calculate the total of the shelter expenses. If the total of the shelter expenses is less than 20% of the participants gross monthly income, this amount will be used in place of the participant's current actual expense for shelter costs. The total of shelter costs (either actual or 20% of gross income) and the total of other expenses will be subtracted from the total net income to determine the participant's discretionary income.

If the participant's income exceeds his or her expenses, Table IV will be completed to illustrate to the participant the potential cost of owning a vehicle, and help determine if the participant can afford to purchase a vehicle.

##### **Routing and Retention**

A copy of the Work Sheet will be given to the participant and a copy retained in the TEA Case Record until the record is destroyed. Refer to the **Arkansas General Records Retention Schedule** for additional information.

**Arkansas Department of Workforce Services**  
**TEA Client Vehicle Down Payment Assistance Agreement**

Participant's Name

SSN

I understand that if I am approved for assistance with the down payment on a vehicle I will:

- ✓ be required to pay at least \$100 of the down payment on the vehicle
- ✓ be responsible for making the loan arrangements and signing the agreement
- ✓ be responsible for making the loan payments as stated in my loan agreement
- ✓ will not take possession of the vehicle from seller until I can provide seller with proof that I have insurance on the vehicle
- ✓ may receive down payment assistance up to \$2,500 lifetime
- ✓ not enter into any contract that exceeds \$200 monthly payment or extends beyond 36 months

I understand that I may only receive down payment assistance for the specific vehicle for which I have been approved. I understand that I must provide to my Case Manager the make, model and VIN number of the vehicle that I am requesting assistance in purchasing prior to final approval. In the event the dealer has sold the approved vehicle or the vehicle is otherwise unavailable at the time I am ready to take possession, I understand that I must complete the entire process again in order to receive down payment assistance for a different vehicle.

In addition, I understand that I will be responsible for the regular maintenance of the vehicle. I will make sure my vehicle is kept in good operating condition by:

- ✓ making sure the oil is checked regularly
- ✓ making sure the oil and oil filter is changed every 3,000 miles or as recommended in the owner's manual
- ✓ making sure the air filter is changed according to owner's manual recommendations
- ✓ making sure that fluid levels are maintained, transmission, power steering, etc
- ✓ making sure the proper amount of antifreeze is in the radiator

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

## **Instructions**

### **DWS/TEA-1410**

#### **Participant Vehicle Down Payment Assistance Agreement**

##### **Purpose**

The DWS/TEA-1410 TEA Participant Vehicle Down Payment Assistance Agreement is used to provide the DWS local office with a signed statement by the participant acknowledging that he or she understands his or her responsibility in receiving assistance with the down payment on a vehicle. The Agreement is used to provide the participant with a copy of the stipulations he or she has agreed to when receiving the down payment assistance.

##### **Completion**

The completion of the form is self-explanatory.

##### **Routing and Retention**

The original will be kept in the TEA case record until the record is destroyed. A copy of the agreement will be give to the client. Refer to the **Arkansas General Records Retention Schedule** for additional information.

**VEHICLE VENDOR AGREEMENT**  
**Between**  
**ARKANSAS DEPARTMENT OF WORKFORCE SERVICES**  
**Transitional Employment Assistance (TEA) Program**  
**Down Payment Assistance**

\_\_\_\_\_ **DWS Local Office**

**And** \_\_\_\_\_

**Name of Vehicle Vendor**

---

**Purpose of Agreement:**

This is a binding agreement between the vendor named above and the Department of Workforce Services (hereafter referred to as the Department), for the purpose of paying to the vendor any down payment assistance for which the DWS local office may find a person eligible when such person purchases a vehicle from the vendor.

**Vendor Assurances:**

- (a) Vendor will supply appropriate DWS case manager with proof of EIN or Social Security number, IRS Letter 147- C and a signed W-9 form.
- (b) Vendor will accept the Department's DWS/TEA-187, Billing & Routing Form and provide a completed invoice or bill of sale.
- (c) Vendor will document that the sale price of the vehicle does not exceed the value of the vehicle as listed on one of the websites listed below by attaching a copy of the signed loan agreement to the DWS/TEA -187.
  - CarPrices.com
  - Autopricing.com
  - Intellichoice.com
  - Edmunds.com
  - Kelley Blue Book (kbb.com).
- (d) Vendor and the client are responsible for securing financing for the remainder of the amount of the purchase price and the Department is not responsible for any part of the loan.
- (e) Vendor will provide the client with an owner's manual, if available, maintenance information and a pre-purchase demonstration of the following items:
  - How to check oil, how often to change oil, where to add oil.
  - How to check and add these fluids - windshield cleaner, transmission, brake, water, and antifreeze.
  - How to check tire pressure and how to add air.
  - Where the jack is located and how to use it.
- (f) Vendor will hold the Department harmless if the client is allowed to take possession of the vehicle prior to the vendor receiving the down payment amount from the Department.
- (g) The following additional assurances must be provided regardless of whether the vendor or another lender finances the remainder of the purchase price:
  - The client's maximum monthly payment will not exceed \$200.
  - The length of the loan will not exceed 36 months.
  - The financing contract allows a grace period of at least ten (10) days before late fees can be imposed.

- The financing contract must prohibit repossession of the vehicle until at least ten (10) days after the second monthly payment is missed. If the loan agreement provides for weekly payments, the financing contract must specify that repossession of the vehicle will not occur until at least 10 days after the eighth weekly payment is missed.

(h) A copy of the signed loan agreement must be attached to the DWS/TEA-187, Billing & Routing form.

(i) Vendor is not allowed to renegotiate with the client for any other vehicle not approved by the Department.

(j) Vendor will not allow client to take possession of the vehicle until client has provided proof of insurance on vehicle.

### **Departmental Responsibilities**

(a) The Department will determine the eligibility of the individual for vehicle down payment assistance.

(b) The Department will determine the amount of the down payment, and reserves the right to cancel said down payment at any time prior to the vendor receiving the down payment.

(c) The Department is not responsible for determining the individual's credit worthiness.

(d) The Department will notify the vendor when a decision has been made to cancel the down payment.

### **SIGNATURES**

By signature, the Vendor agrees that failure to adhere to the assurances established in this agreement shall be grounds for the Department's immediate cancellation of this agreement. If the Department cancels this agreement, a vendor may be barred from participating in the down payment program for up to 12 months. Subsequent cancellations may result in a vendor being permanently barred from participation in the program.

The signatures below indicate agreement to the provisions stated in this agreement and certification that parties are authorized to enter such an agreement on behalf of the agency, company or individual represented.

\_\_\_\_\_  
Vendor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Vendor Tax Identification Number (EIN or SSN)

\_\_\_\_\_  
Phone Number

Vendor Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Department of Workforce Services Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
DWS local office

Address \_\_\_\_\_

\_\_\_\_\_  
Phone Number

DWS/TEA-1411 (09/07)

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## **Instructions**

### **DWS/TEA-1411**

#### **Vehicle Vendor Agreement**

##### **Purpose**

The purpose of the Vehicle Vendor Agreement is to provide a binding agreement for paying down payment assistance for individuals who have been determined eligible. The agreement provides the vendor with a written list of the Department's and the vendor's responsibilities.

##### **Completion**

The case manager will enter the DWS local office name, Vendor's name on the agreement. The DWS local office will ensure that the agreement is reviewed with the vendor. The Vendor and the Department Designee will complete the appropriate information on page 2. All vehicle vendors must sign the agreement.

##### **Routing and Retention**

The original Vehicle Vendor Agreement will be filed in a central location in the DWS local office. Once a valid agreement is on file, the vendor does not have to sign another form unless there is a change. A copy of the Vehicle Vendor Agreement will be given to the vendor.

The copy of the client's signed loan agreement that the vendor returns with the DWS/TEA-187 will be filed in the TEA case record. Do not send a copy of the loan agreement to DWS Accounting with the invoice and DWS/TEA-187.

The Vehicle Vendor Agreement will be valid for two years based on State Fiscal Year (unless the vendor and Department mutually agree to terminate via written notice). The vendor will be required to sign a new agreement at the end of the second fiscal year. Refer to the **Arkansas General Records Retention Schedule** for additional information.

**Arkansas Department of Workforce Services  
TEA Child Care Notice of Action**

If you need this material in a different format, such as large print, contact your DWS Local Office.

**DATE:**

**TO:**

**COUNTY:**

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**Section I. Notice of Action**

The following action(s) has been taken regarding your eligibility for child care assistance:

- ☐ No change was made regarding your eligibility for child care assistance.
- ☐ The amount of child care that you pay has changed. DWS will pay \_\_\_\_\_ and you will pay \_\_\_\_\_ per \_\_\_\_\_ to the child care provider effective \_\_\_\_\_.
- ☐ Your child care assistance will end on \_\_\_\_\_.

---

**Section II. Notice of TEA Extended Child Care (ESS CC) Authorization**

☐ **12 Months No Cost ESS Child Care**

Because your TEA cash assistance case closed while you were employed, you are currently receiving ESS Child Care. You are currently in the \_\_\_\_\_ month of receiving ESS Child Care assistance at no cost to you. This is to notify you that you have \_\_\_\_\_ months of ESS Child Care remaining in your 12 months of no cost child care.

☐ **24 Months Sliding Fee Scale Child Care**

Because you have previously received 12 months of ESS Child Care at no cost to you, you are now receiving ESS Child Care on a cost-sharing basis. You are currently in the \_\_\_\_\_ month of your 36 months lifetime limit of ESS Child Care.

You have \_\_\_\_\_ months of ESS Child Care remaining in your lifetime limit.

DWS will pay \_\_\_\_\_ and you will pay \_\_\_\_\_ per \_\_\_\_\_ to the childcare provider effective \_\_\_\_\_.

---

**Section III**

**REASON FOR ACTION**

Our policy supporting this action is \_\_\_\_\_. The above action will be/has been taken on \_\_\_\_\_. If you disagree with the action taken, you have the right to a hearing, which must be requested by \_\_\_\_\_.

**Please Read The Back Of This Notice For Information About What To Do If You Disagree With This Action, And Your Right To A Hearing.**

*If you become unemployed, you must report this change within 10 days of the date the change occurs. By reporting in a timely manner, you will preserve any remaining months of this benefit. If you continue to receive ESS child care assistance while you are not employed, you will be required to repay all ESS Child Care assistance received during that time and you may be subject to prosecution for fraud and fined and/or imprisoned.*

---

Signature of Case Manager

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Phone Number



### **Your Right to a Hearing**

If you disagree with the action the agency plans to take/has taken, you may request and receive a hearing. If you request a hearing by the date shown in the box on the front of this form child care assistance will continue pending a hearing. If assistance is continued at its present level or reinstated until a decision is reached, you may be required to repay the additional benefits if the hearing decision is not in your favor. The latest you may file an appeal is 30 calendar days from the date of this notice. However, benefits will not be continued pending the hearing if your appeal is filed after the date shown in the box on the front of this form.

### **How to File for a Hearing**

If you are not satisfied with the decision on your case, you may request a hearing by completing form DHS-1200 (Appeal for a Hearing), or by writing the Appeals and Hearings Section, P. O. Box 1437, Slot 1001, Little Rock, AR 72203-1437. Form DHS-1200 can be obtained from the local Human Services Office.

### **Your Right to Representation**

If you request a hearing, you have the right to appear in person and to be represented by a lawyer or other person you select. If you wish to have a lawyer, you may ask the local DWS Office to help you arrange for one. If free legal services are available where you live, you may ask your local DWS Office for the address and phone number.

Prior to the hearing, you and/or your representative have the right to review your record and any other evidence, which will be presented at the hearing. You have the right to present evidence in your own behalf, to bring witnesses, and to question any person who is presented as a witness against you.

### **Your Responsibility to Report Changes**

It is your responsibility to report changes in school attendance, employment, earned income, and any other changes that could affect your eligibility for childcare. Changes must be reported within 10 calendar days to your childcare worker. Failure to report changes may result in an overpayment and action may be taken by DHS to collect the overpayment. You may also be subject to prosecution for fraud and fined and/or imprisoned.

## **Instructions**

### **DWS/TEA-1412**

#### **TEA Child Care Notice of Action**

##### **Purpose**

Form DWS/TEA-1412, TEA Child Care Notice of Action, is used to notify a TEA participant or a former TEA participant of any action made regarding TEA child care assistance, and of the number of months remaining in the Extended Supportive Services (ESS) Child Care 36 month lifetime limit. Form DWS/TEA-1412 will be sent to the ESS Child Care participant at each re-authorization.

##### **Completion**

###### **Section I – TEA Child Care**

The Case Manager will indicate the action taken by checking and completing the appropriate item.

###### **Section II – Extended Support Services Child Care**

- 12 Month No Cost ESS Child Care- The Case Manager will check the box and complete the number of months the participant has received ESS Child Care and the number of months remaining in the 12 months of no cost Child Care.
- 24 Months Sliding Fee Child Care – The Case Manager will check the appropriate boxes, and complete information in the spaces provided.

**Section III - Reason for Action** – A clear and concise statement as to the reason for the action will be shown in the space provided. This statement should be specific and in language which the participant can be expected to understand. The specific TEA manual policy reference will be shown. In the appropriate spaces, the Case Manager will complete the date the action has been or will be taken and the date by which the participant may appeal the action. This date will be 10 days following the date form DWS/TEA-1412 is sent. (The participant has 30 calendar days in which to appeal the action, however the appeal must be filed within 10 days of the date the form is sent in order to continue receiving benefits pending the hearing.)

##### **Routing and Retention**

Form DWS/TEA-1412 will be mailed to the participant. A copy will be filed in the Supportive Services Section of the case record and be retained until the case record is destroyed. Refer to the **Arkansas General Records Retention Schedule** for additional information.

**Arkansas Department of Workforce Services**  
**Notice of**  
**ESS Child Care Lifetime Limit**  
**& Minimum Hours of Work Requirement**

**TO:**           **DATE:**  
                  **FROM:**

---

This is to notify you that Arkansas State law has limited TEA Extended Support Service (ESS) Child Care assistance to a lifetime maximum of 36 months. The first 12 months you receive ESS Child Care will be at no cost to you. You may be required to pay a portion of your child care expenses during months 13-36 of ESS Child Care assistance based on a sliding fee scale and your household's income.

Any month in which your child care provider bills 5 days of care for your child(ren) will count as one of your 36 months.

**To receive ESS Child Care assistance you are required to work a minimum number of hours per week as shown below:**

**First 12 months (no cost)**

- **You must be working at least 20 hours per week, or your earnings must be enough to cause you to be ineligible for TEA cash assistance.**

**24 Months on Sliding Fee Scale**

- **Months 13-24 (sliding fee)      25 hours per week minimum**
- **Months 25-36 (sliding fee)      30 hours per week minimum**

## **Instructions**

### **DWS/TEA-1413**

#### **Notice of ESS Child Care Lifetime & Minimum Hours of Work Requirement**

##### **Purpose**

The DWS/TEA-413 Notice of ESS Child Care Lifetime Limit & Minimum Hours of Work Requirement is used to notify the individual whose TEA case is closing with employment of the ESS Child Care assistance lifetime limit and the minimum hours of work requirement.

##### **Completion**

Completion of the form is self-explanatory.

##### **Routing and Retention**

The DWS/TEA-1413 will be given to the participant with a copy filed in the Supportive Services Section of the TEA case record. The DWS/TEA-1413 will be retained in the case record until the case record is destroyed. Refer to the **Arkansas General Records Retention Schedule** for additional information.

**Arkansas Department of Workforce Services**  
**ESS Child Care Request for Verification of Earnings and Hours of Employment**

**TO:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
**FROM:** \_\_\_\_\_

**Section I**

You are currently receiving TEA Extended Support Services (ESS) child care assistance because your TEA case closed while you were employed. Your current ESS child care authorization will end on \_\_\_\_\_. In order to continue to receive ESS child care assistance after this date, you must verify the monthly **amount of your earnings** and the **number of hours per week you are working**. You can do this by attaching your last 4 check stubs to this form, or by having your employer complete Section II below. You must return this form and the verification to me by \_\_\_\_\_. Contact me at the number below if you need help in getting this information.

\_\_\_\_\_  
(Case Manager)

\_\_\_\_\_  
(Phone Number)

**Please complete and sign this section**

I am currently employed ☐ Yes ☐ No If yes, how many hours per week do you work? \_\_\_\_\_  
What is the name of your employer? \_\_\_\_\_

**If you receive ESS child care assistance while you are not employed, you will be required to repay DHS all such assistance received during that time and you may be prosecuted for fraud and fined and/or imprisoned.**

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

**Section II – To Be Completed and Signed by Employer**

\_\_\_\_\_  
(Employee's Name)

\_\_\_\_\_  
(Employee's SSN)

The above employee began work \_\_\_\_\_ and earns \$ \_\_\_\_\_ per hour. He/she works an average of \_\_\_\_\_ hours per week and is paid ☐ Weekly ☐ Monthly ☐ Every 2 weeks ☐ Twice a month

Please show GROSS EARNINGS (before any deduction) paid to this employee as indicated. Please list each paycheck separately.

Pay Period Ending	Date Received	Hours Worked	Gross Wages	Tips

\_\_\_\_\_  
Business Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Employer/Payroll Clerk Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

## **Instructions**

### **DWS/TEA-1414**

#### **ESS Child Care Request for Verification of Earnings and Hours of Employment**

#### **Purpose**

Form DWS/TEA-1414 is used to request verification of earned income and hours of employment for the ESS child care recipient.

#### **Completion**

**Section I** - The Case Manager will complete the participant's name, address, the date and DWS local office information. The Case Manager will also complete the date the participant's current child care authorization will end, the date the verification of earnings and hours of employment must be submitted to the DWS local office (at least ten days from the date of the request), and the Case Manager's name and phone number in the spaces provided.

**Section II** – The Case Manager will complete the participant's name and Social Security number in the spaces provided. At the participant's option, his or her employer can complete the employment verification or check stubs can be provided.

#### **Routing and Retention**

The form will be given or mailed to the participant. If the completed form is returned to the DWS local office, it will be filed in the case record in Section 5 (TEA Supportive Services) and retained until the record is destroyed. Refer to the **Arkansas General Records Retention Schedule** for additional information.

**Arkansas Department of Workforce Services  
Transitional Employment Assistance (TEA)**

**Approved Vehicle Description**

**To:**

(Vehicle Vendor's Name)

**From:**

**Date:**

Vehicle Down Payment assistance in the amount of \$ \_\_\_\_\_ has been approved for:

(Participant's Name)

(Participant's SSN)

For assistance with the purchase of

(Year)

(Make)

(Model)

(Vehicle Identification Number (VIN))

---

(DWS Local Office Manager's Signature)

## **Instructions**

### **DWS/TEA-1411**

#### **Approved Vehicle Description**

##### **Purpose**

The DWS/TEA-1415, Approved Vehicle Description, is used to inform the vehicle vendor of the specific vehicle for which the authorization was approved and amount of the down payment assistance that has been approved. The Vehicle Vendor agreement, DWS/TEA-1411, requires the vendor to sell the participant only the vehicle approved by the DWS local office. This form serves as a notification to the vendor of the approved vehicle.

##### **Completion**

Upon keying the down payment assistance to the WISE system, the case manager will complete the information in the appropriate spaces on the DWS/TEA-1415.

##### **Routing and Retention**

The original will be given to the participant to take to the vehicle vendor. A copy will be given to the participant and a copy will be retained in the TEA case record until the record is destroyed. Refer to the **Arkansas General Records Retention Schedule** for additional information.



# TEA JOB ORDER

## Section I. Identifying Information

Company/Organization Name	County
Address	Job Type: Unsubsidized <input type="checkbox"/>
Telephone Number	Work Experience <input type="checkbox"/>
Contact Person	On-The-Job-Training <input type="checkbox"/>

## Section II. Job Information

1. Job Title	2. Number of Openings
3. Number to Refer	4. Wage Rate
5. Number of Hours	Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/>
6. Job Description	
7. Qualifications Needed:	

  

_____ Worker Name	_____ Date
----------------------	---------------

### Section III. Referral Results

		TEA	Referral	Worker	Hired		DWS-
Applicant Name	SSN #	FS	Date		No	Yes	Returned
1.							
2.							
3.							
4.							
5.							

## **Instructions**

### **DWS/TEA-1416**

#### **Job Order**

#### **PURPOSE**

The DWS/TEA-1416 is used by TEA to obtain job opening information from employers.

#### **COMPLETION**

The TEA Case manager completes form DWS/TEA-1416.

Section I: Identifying Information - Complete identifying information on company placing job order.

#### **Section II: Job Information**

- Item 1. Job Title: Enter the position Job Title
2. Number of Openings: Enter the number of job openings to be filled
  3. Number to Refer: Enter the number of persons company/organization wants referred for job openings.
  4. Wage Rate: Enter the starting (hourly/weekly/or monthly) wage rate.
  5. Number of Hours: Check (X) Full-time if work hours are at least 30 hrs/week, list the number of hours per week. Check (X) Part-time if work hours are less than 30 hrs/week, list number of hours per/week.
  6. Job Description: Enter brief description of duties to be performed.
  7. Qualifications: Enter minimum qualifications needed by individual before referral to job opening.

Section III: Referral results - Enter the name(s) of the participant(s) referred, participant's SSN, whether the participant is a TEA or FS recipient, and date.

- Case manager initials, whether the participant was hired or not (Y/N) and indicate whether DWS-1431 was returned to Case manager (Y/N).

#### **ROUTING/ RETENTION**

The case manager will retain the DWS/TEA-1416. The DWS/TEA-1416 will be retained for three years. Refer to the **Arkansas General Records Retention Schedule** for additional information.

**Arkansas Department of Workforce Services  
Sanction Documentation Checklist**

Client's Name \_\_\_\_\_ Case Number \_\_\_\_\_

Date of contacts (Month 1) \_\_\_\_\_ (Month 2) \_\_\_\_\_ (Month 3) \_\_\_\_\_  
(Month 4) \_\_\_\_\_ (Month 5) \_\_\_\_\_ (Month 6) \_\_\_\_\_  
(Month 7) \_\_\_\_\_ (Month 8) \_\_\_\_\_ (Month 9) \_\_\_\_\_

Type of contact: ☐ Home visit ☐ Office visit ☐ Phone

**Section I:**

**Discussed With Participant:**

☐ Number of months remaining in time limit # \_\_\_\_\_

☐ Suspend, 25% or 50% reduction of benefits for continued non-compliance (please circle one)

☐ How family is meeting the children's basic needs on the current reduced TEA payment

☐ Barriers that are preventing compliance

Possible solutions suggested

☐ New or previously unidentified barriers to compliance (e.g. domestic violence, substance abuse)

☐ Self initiated self-sufficiency actions taken by client

☐ Final month of sanction

☐ Offer of opportunity to comply accepted Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, EP update completed Yes \_\_\_\_\_ No \_\_\_\_\_

**Section II: Case Action Taken**

**Final Month Staffing**

Based on information identified during the staffing, it is determined that the following TEA case action will be taken:

- ☐ Employment Plan updated, client stated willingness to comply.
- ☐ Case will remain open at the 50% reduction level due to the children's safety and well being.  
(Please explain)

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- ☐ Case will close due to reaching the end of a non-compliance sanction.

**Signatures:**

\_\_\_\_\_  
Case Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
TEA Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
DWS Local Office Manager

\_\_\_\_\_  
Date

## **INSTRUCTIONS**

### **DWS/TEA-1420**

#### **Sanction Documentation Checklist**

##### **Purpose**

The Sanction Documentation Checklist is used to document information discussed with the sanctioned individual during the home visits and monthly contacts. Section II is used to document the decision that is made on the case action that is being taken during the final month of non-compliance.

##### **Completion**

Completion of Section I of the checklist is self-explanatory. The Case Manager will complete Section II after the final case staffing has been done. The Case Manager, TEA Supervisor and the DWS Local Office Manager will sign the form after the staffing has been completed and action determined.

##### **Routing and Retention**

Form DWS/TEA-1420 will be retained in the TEA case record, and will remain until the case record is destroyed. Refer to the **Arkansas General Records Retention Schedule** for additional information.

**Arkansas Department of Workforce Services**  
**Notice of Work Activity Non-Compliance Sanction**

TO: \_\_\_\_\_ DATE: \_\_\_\_\_  
\_\_\_\_\_  
FROM: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

**SECTION I - NOTICE OF WORK ACTIVITY NON-COMPLIANCE SANCTION**

You have been notified that \_\_\_\_\_ is not complying with the TEA work activity requirement. You were asked to contact your worker if there is a good reason for not complying. You have not provided a good cause reason for non-compliance or stated a willingness to comply. Therefore, the following sanction is being taken on your TEA case:

☐ Your TEA payment(s) will not be released. TEA payment(s) will be held in the amount of \_\_\_\_\_.

☐ A \_\_\_\_\_ % reduction in the TEA payment amount. Your TEA payment will be reduced to effective \_\_\_\_\_.

☐ Your TEA payment is not being reduced at this time because you are currently under a 25% reduction sanction for another reason. If that sanction is lifted, your payment will remain reduced until you comply with your work activity requirement.

☐ Your TEA cash assistance case is being closed effective \_\_\_\_\_.

Your TEA payment will be released and/or can be returned to the full amount by complying with your work activity assignment. Contact me if you want to comply.

☐ While your case is under sanction, the months you receive TEA payments at the reduced amounts will continue to count toward your 24-month time limit.

You have \_\_\_\_\_ months remaining in your 24-month time limit.

Our policy supporting this action is **Transitional Employment Assistance (TEA) 3520 and 3350**. If you appeal this action by \_\_\_\_\_ your assistance may be continued at its present level until a hearing decision is issued. However, if the county office action is upheld you will be liable for repayment of monies paid to you to which you were not entitled.

---

**PLEASE READ THE BACK OF THIS NOTICE FOR INFORMATION ABOUT WHAT TO DO IF YOU DISAGREE WITH THIS ACTION.**

---

Worker's Signature

---

Phone Number

## **SECTION II            YOUR RIGHT TO A HEARING**

If you disagree with the action we plan to take you may request and receive a Hearing.

If you request a Hearing by the date shown in the box on the front page, your assistance may be continued at its present level or reinstated to its previous level pending a decision on your appeal. If assistance is continued at its present level or reinstated until a decision is reached, you may be required to repay the additional benefits if the hearing is not in your favor.

The last day you may request a hearing about an action we have taken on your TEA case is 30 days from the date of this notice

If you wish to discuss your case with the DWS local office before deciding whether to file for a hearing, you should contact the person who signed this notice or the DWS local office manager.

## **SECTION III            HOW TO FILE FOR A HEARING**

If you are not satisfied with the decision on your case, you may request a Hearing by phone, talking to a member of the local Human Services Office or by writing the Appeals and Hearings Section, P O Box 1437, SLOT N401 Little Rock, AR. 72203-1437.

## **SECTION IV            YOUR RIGHT TO REPRESENTATION**

If you request a Hearing, you have the right to appear in person and to be represented by a lawyer or other person you select. You may contact the Helpline center for Arkansas Legal Services at 1-800-952-9243 to request legal aid (if available in your area).

Prior to the hearing, you and/or your representative have the right to review your record and any other evidence that will be presented at the hearing. You have the right to present evidence in your own behalf, to bring witnesses and to question any person who is presented as a witness against you.

## **Instructions**

### **DWS/TEA-1421**

#### **Notice of Work Activity Non-Compliance**

##### **Purpose**

Form DWS/TEA-1421 is used to notify a TEA participant of a Work Activity Non-compliance sanction. The form will be sent when the individual's TEA payment is suspended, reduced or when the case is closed due to sanction.

##### **Completion**

Section I – The effective date of the suspension or reduction will be based on date of infraction in which the TEA payment is affected.

The worker will determine the effective date of closure. The date shown in the box is the date by which the participant must file an appeal to have payments continued pending the hearing. This date must be 10 days from the date of the notice.

The number of months remaining in the client's 24-month time limit will be completed in the blank space.

##### **Routing and Retention**

The original DWS/TEA-1421 will be sent to the participant with a copy filed in the case record. The copy will be retained until the case record is destroyed. Refer to the **Arkansas General Records Retention Schedule** for additional information.



**Arkansas Department of Workforce Services**  
**TEA Home Visit**  
**Child Health and Safety Screening Checklist**

Participant's Name

Case Number

- |  |               |
|--|---------------|
| <input type="checkbox"/> 1 <sup>st</sup> Suspension Home Visit | Date of Visit |
| <input type="checkbox"/> 2 <sup>nd</sup> Suspension Home Visit | Date of Visit |
| <input type="checkbox"/> Final Home Visit                      | Date of Visit |
| <input type="checkbox"/> Other Home Visit(s)                   | Date of Visit |
- 

1. Child's physical living conditions are hazardous and immediately threatening.  
☐ No  
☐ Yes - Please explain
  
2. Participant appears unable to meet the child's immediate needs for food, clothing, shelter and medical or mental health care.  
☐ No  
☐ Yes - Please explain
  
3. Participant has not, or will not, provide supervision necessary to protect child from potentially serious harm based on the child's age and/or developmental stage.  
☐ No  
☐ Yes - Please explain
  
4. Child appears fearful of participant, other family members, or other household members.  
☐ No -    ☐ Child was not present  
☐ Yes - Please
  
5. Participant's behavior toward child (ren) is violent or out of control.  
☐ No  
☐ Yes - Please explain

6. Participant's suspected substance abuse appears to be seriously affecting the ability to supervise, protect or care for the child(ren).  
☐ No  
☐ Yes - Please explain
7. Participant's mental health seriously affects ability to currently supervise, protect, or care for the child  
☐ No  
☐ Yes - Please explain
8. Participant receives and accepts assistance/support from family and/or friends.  
☐ No  
☐ Yes - Please explain
9. Other - Please explain

Referrals and agency actions taken:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Referred to DCFS shelter | <input type="checkbox"/> Referred for housing assistance | <input type="checkbox"/> Referred for emergency                                  |
| <input type="checkbox"/> Referred to food bank    | <input type="checkbox"/> Referred for clothing           | <input type="checkbox"/> Referred for substance abuse/<br>mental health services |

Other referrals, actions and/or solutions

## Instructions

### DWS/TEA-1422

## Child Health and Safety Screening Checklist

### Purpose

Form DWS/TEA-1422 is used to document observations made by the Case Manager during the non-compliance sanction home visit regarding the health and safety of the children. The information documented on this form and information from other sources is used for the final non-compliance case staffing when the DWS local office determines whether to leave the case open at the 50% reduction level or close the case.

### Completion

The Case Manager will document his or her observations for each item listed in the screening checklist by checking yes or no. If yes is checked, the Case Manager will explain in the space provided using the following guidelines:

#### **1. Child's physical living conditions are hazardous and immediately threatening:**

- ✓ Leaking gas from stove or heating unit
- ✓ Dangerous substances or objects stored in unlocked lower shelves, under sink or out in the open.
- ✓ Lack of water or utilities, and no alternative provisions made or are inappropriate.
- ✓ Open windows/broken/missing windows.
- ✓ Exposed electrical wires.
- ✓ Excessive garbage or rotted or spoiled food which threatens health.
- ✓ Serious illness or significant injury has occurred due to living conditions and these conditions still exist (e.g., lead poisoning, rat bites).
- ✓ Human or animal waste throughout living quarters.
- ✓ Guns and other weapons are not locked.

#### **2. Child's immediate needs for food, clothing, shelter, medical or mental health care not being met:**

- ✓ No food provided or available to child, or child deprived of food and drink for long periods of time.
- ✓ Child without minimally warm clothing in cold months.
- ✓ No housing or emergency shelter, child is sleeping in street, car, etc.
- ✓ Housing is unsafe, without heat or other utilities.
- ✓ Child's immediate and dangerous medical condition is not being treated, or prescription for treatment is not being given.
- ✓ Child appears malnourished.
- ✓ Child has exceptional needs which participant cannot/will not meet.
- ✓ Child shows effects of maltreatment, such as serious emotional symptoms and lack of behavior control or serious physical symptoms.
- ✓ Participant's mental capacity precludes appropriate care of the child (ren).

#### **3. Supervision necessary to protect child from serious harm based on child's age and /or developmental stage is not being provided:**

- ✓ Participant does not attend to child to the extent that need for care goes unnoticed or unmet. (e.g., although participant is present, child can wander outdoors alone, play with dangerous objects, play on unprotected window ledge, or be exposed to other serious hazards).
- ✓ Participant leaves child alone (time period varies with age and developmental stage).
- ✓ Participant makes inadequate and /or inappropriate baby-sitting or childcare arrangements or demonstrates very poor planning for child's care.
- ✓ Participant's whereabouts are unknown.

#### **4. Child appears fearful of participant, other family members, or other household members.**

- ✓ Child cries, cowers, cringes, trembles, or otherwise exhibits fear in the presence of certain individuals or verbalizes such fear.

- ✓ Child exhibits severe anxiety (i.e., nightmares, insomnia) related to situations associated with a person in the home.
- ✓ Child has reasonable fears of retribution or retaliation from caretakers, other household members or others having access to the child.

**5.Participant's behavior toward child (ren) is violent or out of control:**

- ✓ Extreme physical or verbal, angry or hostile outbursts at child.
- ✓ Use of brutal or bizarre punishment (e.g. scalding with hot water, burning with cigarettes, force feeding, killing or torturing animals as punishment).
- ✓ Domestic violence likely to negatively impact the child.
- ✓ Use of guns, knives, or other instruments in a violent way.
- ✓ Violently shakes or chokes baby or young child to stop a particular behavior.
- ✓ Behavior that seems out of touch with reality, fanatical, or bizarre.
- ✓ Behavior that seems to indicate serious lack of self-control (e.g., reckless, unstable, raving, explosive).

**6.Participant's suspected substance abuse appears to be seriously affecting ability to supervise, protect or care for child (ren):**

- ✓ Participant has misused drugs or alcohol to the extent that control of actions is lost or significantly impaired. As a result, participant is unable, or will likely, be unable to care for the child, or has harmed the child, or is likely to harm the child.

**7.Participant's mental health seriously affects ability to currently supervise, protect, or care for the child (ren):**

- ✓ Refusal to follow prescribed medicines may skew ability to care for child.
- ✓ Participant exhibits distorted perception of reality that impacts ability to care for child appropriately (e.g. keeping child from school or play due to extreme fear of germs or violence).
- ✓ Inability to manage anger causes overreaction that leads to excessive and/or inappropriate discipline.
- ✓ Depressed behavior that manifests feeling of hopelessness, helplessness, or leading participant to being immobilized (e.g. failure to feed, clothe, and provide suitable living conditions).

**8.Participant receives and accepts assistance/support from family and friends:**

- ✓ Discuss what supports family, neighbors and friends provide for the participant and children.

**9.Other - possible examples include:**

- ✓ Serious allegations with significant discrepancies or contradictions between participant and other collateral sources.
- ✓ Criminal behavior occurring in the presence of the child or child is forced to engage in criminal behavior.
- ✓ Any referrals, actions or solutions to any of the items checked yes are documented on in the section following the checklist. If the participant is referred for assistance or services, the name of the receiving agency or organization will be completed in the space provided below the checked box.

**Routing and Retention**

The original will be kept in the TEA case record until the case record is destroyed. Refer to the **Arkansas General Records Retention Schedule** for additional information.

# Arkansas Department of Workforce Services

## TEA Provider Service Authorization

<b>SECTION I: PROVIDER INFORMATION</b>				Date of signed DWS/TEA-1400/W-9			
Name of Provider			IRS Tax ID. #/EIN		Authorization #		
Address of Provider			Phone #		Relative Status		
					WISE Co. Provider #		
					County		
<b>SECTION II: PARTICIPANT/RECIPIENT INFORMATION</b>							
Name of Participant/Recipient				Case #			
				Case Type			
Address				Phone #			
				Message #			
<b>SECTION III: PROVIDER AUTHORIZATION FOR SERVICES</b>							
YOU ARE HEREBY AUTHORIZED TO FURNISH services for:							
Name		SSN		Date of Birth			
Name		SSN		Date of Birth			
Name		SSN		Date of Birth			
for the period		through					
** SUN **		** MON **		** TUE **		** WED **	
** THUR **		** FRI **		** SAT **			
Beg	End	Beg	End	Beg	End	Beg	End
Exceptions/Comments:							
<b>SECTION IV: SIGNATURES</b>							
By my signature I agree to the service(s) authorized above. I further agree that I may be liable for any unauthorized payments to the Providers as a result of my non-compliance with program requirements.							
Participant/Recipient Signature				Date			
By my signature I agree to provide the above-authorized services for the days/times specified. I further agree that I will bill the Arkansas TEA program only for services actually provided. I further understand that Arkansas TEA program is not liable for any payments for days/times not authorized by this form.							
Provider Signature				Date			
The above service(s) has been authorized by me for the dates/times specified. All required information was received prior to finalizing these arrangements.							
Case Manager Signature				Date			

## **Instructions**

### **DWS/TEA-1427**

#### **Provider Service Authorization**

### **PURPOSE**

The purpose of the DWS/TEA-1427 is to authorize service for providers paid through the WISE Payment System, and to have proof of these arrangements via a written, signed agreement. TEA will not be liable to pay for any services rendered by a Provider without written authorization via a DWS/TEA-1427.

### **COMPLETION**

The appropriate case manager in the DWS local office will be responsible for completing information contained on this form.

#### **SECTION I: PROVIDER INFORMATION**

- A. Enter dates DWS/TEA-1400 and W-9 were signed by Provider.
- B. Enter provider's name, IRS Tax ID/EIN # (only one is required).
- C. Enter provider's address and telephone number.
- D. Enter Authorization # - this is a county assigned tracking number for DWS/TEA-1427s. The prefix will be the county number and the suffix will be a three digit number – i.e. 35-101, 35-102, etc. WISE County Provider # will be a number obtained from the WISE system and assigned to Providers by county.

#### **SECTION II. PARTICIPANT/RECIPIENT INFORMATION**

- A. Enter name of participant/recipient.
- B. Enter applicable case number.
- C. Enter case type – TEA.
- D. Enter address for participant/recipient.
- E. Enter phone/message number where individual can be reached.

#### **SECTION III. Provider Authorization for Services**

- A. Enter type(s) service(s) to be provided
- B. Enter name, SSN, and date of birth of each individual for whom service will be provided.
- C. Enter the period of time for which services are authorized.
- D. Enter the “beginning” and “ending” times, if appropriate, for each day of the week for which service will be provided.
- E. Enter any additional information in “Exception/Comments” section that is relative to service(s) authorized. This section will be used to authorize service(s) for situations that may arise that will not be covered under “beginning/ending” heading.

#### **SECTION IV: SIGNATURES**

- A. The participant/recipient will sign and date the form.
- B. The provider will sign and date the form.
- C. The case manager will sign and date the form only after A&B has been completed.

### **ROUTING**

The form will be completed in quadruplicate with the following directions:

The case manager will complete all appropriate sections, keep suspense copy, and give remainder of packet to participant/recipient for signing and forwarding to Provider for same purpose. Upon return, the case manager will review to ensure participant and provider have signed form. The case managers will then sign and date. The original will be filed in the case record. The participant /recipient will be given appropriate copy. The Provider will be given appropriate copy. Suspense copy will be thrown away.

### **RETENTION**

The DWS/TEA-1427 will be retained for three years after the case closes and any audits have been completed. Refer to the **Arkansas General Records Retention Schedule** for additional information.

**Arkansas Department of Workforce Services  
TEA APPLICANT JOB SEARCH COVER SHEET**

- You must actively look for work to the best of your ability while your TEA application is being processed. The purpose of doing job search is to go to work so that your family may not need cash assistance. If you do not complete this job search your TEA application may be denied.
- You must fully explain and report your job search activities on the forms given to you today. Be sure your name and Social Security number are on the front side of the form and you have signed and dated the form before returning it to TEA case manager.
- You are required to complete at least \_\_\_\_\_ or more hours of \_\_\_\_\_ by \_\_\_\_\_. If you find and accept a job before completing those hours you do not have to complete the remaining hours.
- You must notify the TEA case manager immediately if problems arise that would keep you from completing the job search activities or forms or if you accept a job. Otherwise you TEA case manager will expect a completed job search form from you.
- Late, incomplete, illegible or false forms and information could result in your application being denied, by the above date. Make sure you fill out your forms so we can understand what you have done and give you full credit for your job-hunting efforts.
- If you go to work, temporarily, part time or full time, you must report this to your TEA case manager immediately. DWS must know whom you are working for, their address and phone number, start date, weekly hours and rate of pay if you want us to continue processing your TEA application. However, if you find a job, you may request your application be withdrawn.

**NOTE:** If you need this material in a different format such as large print, audiotape, etc., please contact your local DWS Office.



Date Beginning	Arkansas Department of Workforce Services TEA APPLICANT JOB SEARCH	Due Date
APPLICATIONS AND INTERVIEWS		

If alternate format is needed (large print, audio-tape, etc.) contact you local DWS office.

Print Name \_\_\_\_\_ SSN \_\_\_\_\_

Business/Employer _____	
Address _____	
Phone Number _____	
Person Contacted _____	Name/Title _____
Date of Contact _____	
<input type="checkbox"/> Turned in Job Application	<input type="checkbox"/> Had Job Interview

Business/Employer _____	
Address _____	
Phone Number _____	
Person Contacted _____	Name/Title _____
Date of Contact _____	
<input type="checkbox"/> Turned in Job Application	<input type="checkbox"/> Had Job Interview

Business/Employer _____	
Address _____	
Phone Number _____	
Person Contacted _____	Name/Title _____
Date of Contact _____	
<input type="checkbox"/> Turned in Job Application	<input type="checkbox"/> Had Job Interview

Business/Employer _____	
Address _____	
Phone Number _____	
Person Contacted _____	Name/Title _____
Date of Contact _____	
<input type="checkbox"/> Turned in Job Application	<input type="checkbox"/> Had Job Interview

Business/Employer _____	
Address _____	
Phone Number _____	
Person Contacted _____	Name/Title _____
Date of Contact _____	
<input type="checkbox"/> Turned in Job Application	<input type="checkbox"/> Had Job Interview

The Job Search Contacts I have provided on this form are correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## **Instructions**

### **DWS/TEA-1429**

#### **Applicant Job Search**

##### **Purpose**

The DWS/TEA-1429 will be used to capture job search activities performed by an applicant who has applied for TEA.

##### **Completion**

The DWS/TEA-1429 is completed by the TEA applicant by completing requested information on each employer contacted.

##### **Routing**

The DWS/TEA-1429 will be retained in the case file.

##### **Retention**

The DWS/TEA-1429 will be retained for three years after the case close and any audits have been completed. Refer to the **Arkansas General Records Retention Schedule** for additional information.

**ARKANSAS DEPARTMENT OF WORKFORCE SERVICES  
TRANSITIONAL EMPLOYMENT ASSISTANCE (TEA)  
PROVIDER BILLING/PARTICIPANT REIMBURSEMENT CLAIM**

County \_\_\_\_\_

Case Number \_\_\_\_\_

Social Security Number \_\_\_\_\_

For the Month of \_\_\_\_\_

**Transportation**

Below, list the miles driven and/or the amount you paid someone to provide transportation for each day you are claiming reimbursement

DATE	MILES	COST	DATE	MILES	COST	DATE	MILES	COST

Total days \_\_\_\_\_ Total miles driven \_\_\_\_\_

Transportation was provided by: ☐ Myself ☐ Provider

If you checked "Provider", complete the following and attach receipts or proof of amount that you paid the Provider.

Name of Individual or Company \_\_\_\_\_

Address \_\_\_\_\_

Phone No. \_\_\_\_\_

Total transportation reimbursement requested \$ \_\_\_\_\_

**Other Expenses:** Use this section to report/claim other expenses for participating in TEA. Reporting these expenses does not guarantee that you will be reimbursed. A determination will be made by the worker whether the expenses are allowed by policy. You may also be required to verify these expenses by producing receipts or other means of proof.

DATE	AMOUNT OF EXPENSE	REASON FOR EXPENSE

I certify that the information reported on this form is correct, and that all expenses were incurred while participating in TEA activities.

Participant's Signature \_\_\_\_\_

\_\_\_\_\_  
Date

Provider's Signature \_\_\_\_\_

\_\_\_\_\_  
Date

Amount of check to be issued via WISE \_\_\_\_\_

Date information keyed to WISE \_\_\_\_\_

Use these lines to record reimbursement codes and calculations (i.e., days/miles x \_\_\_\_\_

Additional \_\_\_\_\_

\_\_\_\_\_  
Signature of Worker

\_\_\_\_\_  
Date

**Arkansas Department of Workforce Services  
TEA Job Referral Form**

County \_\_\_\_\_  
Applicant \_\_\_\_\_  
SSN \_\_\_\_\_  
Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone Number \_\_\_\_\_  
Job Title \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Appointment Date \_\_\_\_\_ Time \_\_\_\_\_  
Referred By: \_\_\_\_\_

**Please Complete:**

Hired Report Date \_\_\_\_\_  
Hours per week \_\_\_\_\_

**Refused Job did not report for interview**

\_\_\_\_\_  
**Interviewer's Signature**

*Instructions to Employer, hourly wage and number of hours worked per week will be used to establish the employee's continuing eligibility. Therefore please show your best estimate. After completion of form, please return to TEA in the enclosed envelope.*

## **Instructions**

### **DWS/TEA-1431**

### **Job Referral Form**

#### **Purpose**

The DWS/TEA-1431 is used by the case manager to formally refer a TEA participant for a job interview and to capture interview result and wage information.

#### **COMPLETION**

- a. enter the participant's name
- b. enter the participant's SSN
- c. enter the following phone number
  - 1. Company name
  - 2. Company address
  - 3. Company phone number
  - 4. Job Title participant is being interviewed for
  - 5. Company contact person
  - 6. Appointment time
  - 7. Appointment date
  - 8. Referred by: enter the DWS local office address and name of case manager referred applicant

#### **ROUTING**

The DWS/TEA-1431 will be given to the participant, along with a business reply envelope to present to the employer at the time of the job interview. The employer is asked to return the DWS/TEA-1431 to the DWS local office in the provided envelope. Upon receipt by the case manager, the original DWS/TEA-1431 should be attached to the DWS/TEA-1431, if applicable.

#### **RETENTION**

The DWS/TEA-1431 will be retained for three years. Refer to the **Arkansas General Records Retention Schedule** for additional information.

**MEMORANDUM OF AGREEMENT  
BETWEEN  
AND  
ARKANSAS DEPARTMENT OF WORKFORCE SERVICES,  
TO PROVIDE TRANSPORTATION SERVICES FOR TEA PARTICIPANTS**

Arkansas Department of Workforce Services, ("the Department") does hereby enter into this Memorandum of Agreement (MOA) with ("the Transportation Provider") to provide transportation services specified herein. The point of contact for the Department for activities related to this MOA shall be the DWS local office manager.

- I. The Department is the primary agency charged with helping adults increase their employment potential. The lack of transportation is a major barrier to those TEA participants seeking services and/or employment. The purpose of this MOA is to provide transportation services to Transitional Employment Assistance (TEA) participants who are unable to actively participate in the TEA program or obtain employment due to transportation barriers. The Transportation Provider shall provide transportation for TEA participants to the DWS Local Office, to potential job sites, employment, training/educational sites, day care centers or other activities approved by the TEA case manager and allowable under TEA policy.
- II. This MOA between the Department and the Transportation Provider to provide transportation services to current TEA participants residing in County(s) shall be for the period of through .
- III. The Transportation Provider must comply with all statutes, regulations, codes, ordinances, and licensure or certification requirements applicable to the Provider or to the Provider's agents and employees, and to the subject matter of this MOA. Failure to comply shall be deemed inadequate performance.
- IV. The Transportation Provider agrees to hold the Department harmless and to indemnify the Department for any additional costs of alternately accomplishing the goals of this MOA, as well as any liability for costs or fees that the Department may sustain as a result of the Transportation Provider's lack of performance.
- V. Either party may cancel this MOA unilaterally at any time by giving the other party thirty (30) calendar days written notice, and delivering notice of cancellation either in person or by certified mail, return receipt requested, restricted delivery. Cancellation notices from the Transportation Provider must be sent to the DWS local office manager. The Department may cancel this contract pursuant upon giving the Transportation Provider thirty (30) days written notice, and delivering notice of cancellation either in person or by certified mail, return receipt requested, restricted delivery.
- VI. In the event that Federal and/or State funds for this MOA become unavailable, the Department shall have the right to terminate this MOA without penalty. Availability of funds shall be determined at the sole discretion of the Department. Payments for completed services or deliverables satisfactorily delivered to and approved by the Department shall be at the price specified in this MOA. Payment for partially completed services or deliverables satisfactorily delivered to and not yet approved by the

Department shall be at a price mutually agreed upon by the Transportation Provider and the Department.

**VII.** Performance evaluations shall be conducted by the Department as necessary to determine if the Transportation Provider's performance is adequate and may include on site visits, data review, and scheduled meetings. In addition, the Department shall conduct a final performance evaluation before the final payment is made, or the last month of the term of this MOA, whichever comes first. The final payment shall not be made until this final performance evaluation evidencing adequate performance is completed.

**VIII.** The Performance Deliverables and Performance Indicators for this MOA are:

**Performance Deliverable 1 – Summary of services to be provided**

The Transportation Provider shall develop a service delivery system to provide transportation services to TEA participants who are unable to actively participate in the TEA program or obtain employment due to transportation barriers.

Performance Indicator 1

The target population for this MOA shall consist of TEA participants (adults and children) residing in County and/or Counties. The case managers shall refer eligible participants to the Transportation Provider on the DWS/TEA-1427 form, which shall serve as authorization to provide transportation services. case managers shall make every effort to provide 24 hours notice to the Transportation Provider for transportation needs.

Performance Indicator 2

The Transportation Provider shall also provide transportation for children of adult TEA participants that need transportation to day care. The children must be transported in child approved safety seats.

Performance Indicator 3

The Transportation Provider shall provide vehicles manned by insured drivers that meet the following conditions:

- All drivers must be at least twenty-one (21) years of age and have a current valid Arkansas Drivers License. If state or federal regulations, or insurance requirements, are amended to require that drivers providing transportation services like those specified in this MOA are required to have a Chauffeur's Drivers License, the Transportation Provider will ensure that their drivers comply with the amended requirements;
- All drivers must meet current State and Federal Motor Carrier Safety Regulations and guidelines;
- All drivers and attendants must have no prior convictions for drug related, substance abuse, sexual offenses, or crime of violence. A person who has been convicted of a felony during the last five (5) years shall not be allowed to drive or attend passengers until a satisfactory review of the individual by the Transportation Provider and Department has been completed.

The Transportation Provider shall not use drivers who are known abusers of alcohol or known consumers of narcotics or dangerous drugs. If the Transportation Provider or Department suspects a driver to be driving



under the influence of alcohol, narcotics, or dangerous drugs, the Transportation Provider shall immediately remove the driver from providing service to TEA participants. Individuals who have within the last five (5) years or currently have a suspended or revoked driver's license, commercial or other, are prohibited from driving for any purpose of this MOA. Drivers who receive any two combinations of two moving violations or accidents where the driver is at fault during the term of this MOA must be removed from service. All drivers must be courteous, patient and helpful to all passengers and be neat and clean in appearance. The Transportation Provider shall be responsible for gasoline, repair, maintenance, insurance and any other costs related to vehicles owned and/or operated by the Transportation Provider and shall operate by individual needs of TEA participants requiring transportation services.

#### Performance Indicator 4

The Transportation Provider shall develop routes and pickup schedules to ensure that the TEA participant arrives for work no later than ten minutes prior to the start of the workday or appointment time and picks the TEA participant up within 45 minutes of the scheduled return time. The Transportation Provider shall provide route schedules to TEA participants being provided transportation services and the DWS Local Office.

#### Performance Indicator 5

The Transportation Provider shall provide a system that insures timely communication. In the event the TEA participant fails to use the authorized transportation service, the Transportation Provider shall inform the DWS local office manager, or their designee, by the next working day by facsimile transmission that the participant was not available for pick up. No further services shall be provided to those participants that fail to access the services provided more than three (3) times without good cause. The DWS local office manager shall be the final judge as to whether the participant had good cause to miss a pre-arranged transport. See Performance Deliverable 5 - Rate of Pay, for information on payments to Transportation Providers in those instances where a participant fails to use a pre-arranged transport.

In the event of an emergency, the Transportation Provider shall provide a pager number/phone number to TEA participants requiring transportation services. The Transportation Provider shall respond to the TEA participant within thirty minutes of receiving a page/phone call from the TEA participant.

It is the responsibility of the Case Manager to inform the Transportation Provider, via a DWS/TEA-1404 form, by the next working day using facsimile transmission when services are to cease.

#### **Performance Deliverable 2 - Providing TEA participants their rights and responsibilities**

The Transportation Provider shall utilize written participant information on their rights and responsibilities as a rider developed by the Department.

### Performance Indicator 1

Written information on participant rights and responsibilities shall be provided to the TEA participant on the first day transportation services are delivered. The rights and responsibilities document will be supplied to the Transportation Provider by the Department.

### **Performance Deliverable 3 – Participant referral and service delivery procedures**

The Transportation Provider agrees to abide by the following referral and service delivery procedures:

- A. The Case Manager determines the need for transportation.
- B. The Case Manager completes an authorization for transportation services by completing a DWS/TEA-1427 form and sends the original and one copy to the Transportation Provider.
- C. The DWS local office manager must authorize any transportation service covered by this MOA exceeding \$200.00 per calendar month per TEA case prior to the service being delivered.
- D. The Transportation Provider provides transportation as outlined in this MOA. The Transportation Provider is not guaranteed a minimum number of transportation referrals by the Department during the term of this MOA.
- E. The Transportation Provider shall notify the DWS local office manager, or their designee, by the next working day by facsimile transmission if the TEA participant fails to use the transportation service when scheduled or when the TEA participant discontinues using the service.
- F. The County TEA Case Manager shall notify the Transportation Provider via facsimile transmission, using a DWS/TEA-1404 form, by the next working day of any changes in a TEA participant that is receiving transportation services under this MOA that would effect the delivery of the service (for example a TEA participant has moved or is no longer eligible for services under this MOA).
- G. The Transportation Provider shall provide transportation services only for employment related purposes addressed on the DWS/TEA-1427.
- H. The Transportation Provider shall maintain the confidentiality of TEA participants in compliance with federal and state laws and regulations.
- I. The Transportation Provider shall utilize funds provided by this MOA solely for the express purpose stated in this agreement.
- J. The Transportation Provider shall cooperate with all state and federal reviews and audits.
- K. The Transportation Provider shall obtain prior written approval of the DWS local office manager, or their designee, before release of any media and technical information regarding cooperative efforts of the Department and the Transportation Provider.

#### **Performance Deliverable 4 – Hours of service**

Transportation services shall be provided twenty-four hours a day, seven days a week.

#### **Performance Deliverable 5 – Rate of pay**

The Transportation Provider agrees to the following rate for providing transportation services specified in this MOA:

Trip that originates and ends within                      city limit -  
Trip that either originates or ends outside                      city limit -

The fee shall be counted separately for each TEA participant being transported. If more than one TEA participant (as long as they are not participating in the same TEA case) is transported from the same originating location to the same destination, each individual TEA participant's fee shall be counted separately. However, if a TEA parent(s) and their child(ren) are being transported together from the same originating location to the same destination, the fee shall be calculated as if only one person had been transported. An example of this would be a parent taking their children with them to keep an appointment at the                      DWS Local Office. The Transportation Provider must accept the fees shown above as payment in full, inclusive of all administrative costs, transportation costs, overhead, and profit, for all services required under this MOA. Prior to executing this MOA, the Transportation Provider shall furnish the Department a line item budget sheet detailing the projected yearly costs to be incurred by the Transportation Provider in providing the services specified in this MOA.

Upon the first two occurrences where a transport has been arranged for a TEA participant, and the participant fails to be at the pre-arranged trip origination point at the specified time, the Transportation Provider shall be paid for the trip in the amount that would have been paid if the transport had occurred, whether the participant had good cause to fail to show or not. This payment is only guaranteed for the first two no-shows caused by a particular TEA participant. The DWS local office manager shall use their discretion as to whether subsequent "no-shows" caused by this particular TEA participant shall result in a payment to the Transportation Provider.

#### **Performance Deliverable 6 – Billing and payment procedures**

The Transportation Provider agrees to abide by the following billing procedures:

- A. Two original copies of the invoices for the month, and copies of the DWS/TEA-1430 substantiating the charge, shall be presented by the Transportation Provider to the                      DWS local office manager, or their designee, by the fifth (5<sup>th</sup>) working day of the month following the month of service.
- B. The Transportation Provider shall be required to keep on file logs with daily destination points for each participant transported and any other information deemed necessary for audit purposes. The log shall contain, at a minimum, the following information, sorted by date and Participant Name/Social Security Number:
  - Participant Name
  - Participant Social Security Number

- Date of Service
  - Pickup/Destination Points
  - Pickup/Delivery Times
  - Number of miles traveled by participant per trip
  - Signature by Participant Attesting to Delivery of Services
  - Indicate "No Show" by Participant
- C. The DWS/TEA-1430 shall be reviewed and compared to the Transportation Provider's invoice and approved by the DWS local office manager, or their designee. The invoice and the DWS/TEA-187 (Billing and Routing Sheet) shall be submitted by the DWS local office to the Department Accounting office. The Transportation Provider shall submit an invoice that complies with DWS invoice requirements. Attachment A to this MOA is the summary of DWS invoice requirements. The DWS local office shall authorize payment through the WISE system. However, the check cannot be released until the original approved invoice is received by the DWS Accounting Department. The DWS local office should submit the approved invoice by the tenth (10<sup>th</sup>) working day of the month following the month of service.
- D. If the Department documentation does not agree with the DWS/TEA-1430, DWS/TEA-1427, and invoice submitted by the Transportation Provider, the DWS local office manager, or their designee, shall note the discrepancies on the invoice before forwarding for payment. A copy of the discrepancies shall be provided to the Transportation Provider. Payment shall be made at the agreed upon rate, and the Department shall authorize payment for disputed amounts upon resolution of the disagreement. Disagreements shall be resolved within 30 days, unless either party requests an extension.

#### **Performance Deliverable 7 – Liability insurance**

The Transportation Provider shall furnish the Department an insurance certificate listing the State as a loss payee. The insurance certificate must document that the liability insurance coverage purchased includes contractual liability coverage to protect the State, and must contain information required by the Insurance Department of the State of Arkansas.

##### Performance Indicator 1

Copies of the insurance certificate shall be provided to the Department prior to providing transportation services.

##### Performance Indicator 2

The Transportation Provider agrees to provide written prior notice to the Department in the event the insurance coverage changes.

#### **Performance Deliverable 8 - Transportation Provider and Department's mutual assurances**

The Transportation Provider and the Department mutually agree to abide by the following assurances:

- A. Provide innovative approaches to removing transportation barriers and assisting TEA participants to become self-sufficient.

- B. Encourage communication and cooperation by discussing the need for assistance, services, and changes in plans, etc.
- C. Attend joint meetings to enhance coordination efforts, as deemed necessary by either agency.
- D. Exchange data information necessary to meet state and federal reporting requirements.
- E. Comply with the TEA policy and TANF regulations in operation of the program.

The Department agrees to:

- A. Access federal TANF funds in accordance with the Work Opportunity and Personal Responsibility Act of 1996.
- B. Designate the DWS local office manager to serve as coordinator of these efforts among agencies.
- C. Assess all TEA participants who are in need of transportation and refer appropriate TEA participants to the Transportation Provider on the DWS/TEA-1427 form.
- D. Respond in accordance with existing TEA policy when notified by Transportation Provider of non-cooperation by participant.
- E. Comply with all provisions as specified within this agreement.
- F. Notify Transportation Provider via facsimile transmission on the DWS/TEA-1427 form of status changes/ineligibility of TEA participants for services.

The Transportation Provider agrees to:

- A. Educate participants regarding their rights and responsibility as a rider.
- B. Provide routine maintenance of vehicle to insure that the vehicle is in proper and safe working order at all times, with licenses, inspection, safety belts and approved child safety seats.
- C. Provide an insured, trained driver who meets the criteria listed under Performance Indicator 3 of Performance Deliverable 1.
- D. Provide insurance coverage consistent with Arkansas laws.
- E. Comply with all provisions as specified in this MOA.

#### **Performance Deliverable 9 – Performance monitoring and remedies for unacceptable performance**

Transportation Provider shall provide acceptable service performance. Acceptable Performance is defined as 100% compliance with the stated Program Deliverable and Performance Indicators.

## Method and Frequency of Performance Monitoring

Performance evaluations shall be conducted as needed by the Department to determine if the Transportation Provider's performance is adequate.

Participant complaints and comments shall also be used to determine if the Transportation Provider is complying with the terms of this MOA.

The DWS local office manager, or their designee, shall monitor the DWS/TEA-1427 forms and invoices for accuracy and timeliness of submission.

## Unacceptable Performance and Remedies

Unacceptable performance shall be determined solely at the discretion of the Department. Remedies for Unacceptable Performance Indicators include one or more of the following:

1. The Department shall notify Transportation Provider in writing the reasons that performance is unacceptable. Transportation Provider shall submit a corrective action plan acceptable to the Department within 30 days of written notification.
2. Payment may be withheld or reduced.
3. This MOA may be terminated.

## SIGNATURES

Signatures indicate agreement to the provisions stated above and certification that parties are authorized to enter into such an agreement on behalf of the agencies represented.

For the Transportation Provider:

For the Department:

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
Tax Identification Number

\_\_\_\_\_  
Date

## ATTACHMENT A

### SUMMARY OF DWS INVOICE REQUIREMENTS

1. An original invoice or agency-produced invoice is required to process an invoice. If the payment involves multiple appropriations/characters, an original invoice must be submitted for each appropriation/character.
2. Products of facsimile (FAX) transmission, copier, or "cut and paste" invoices, and signed facsimiles or copies of invoices are NOT considered valid original invoices.
3. Only "official" invoices and copies prepared by the vendor or agency prepared document signed by the vendor will be accepted.
4. If the vendor cannot provide an invoice, an agency prepared invoice signed manually on an original document and all copies by a responsible representative of the vendor will be accepted. The representative's title and signature must be shown on all originals and copies.
5. If the vendor requests that payments be made via direct deposit, they must supply the Department with the name of the bank that will be receiving the deposits, the bank's routing number, the vendor's bank account number, whether it is a checking or savings account, the name of the account holder (if different than the vendor), and the name of any alternate payees for the bank account if there are any.
6. A document submitted as an invoice must meet the following:
  - A. The business name and address is required on original and agency prepared invoices.
  - B. If the name of the business firm is not printed on the invoice, but has been placed on it by rubber stamp, typewriter, or in ink, the original invoice must be signed manually by an official or agent of the business firm and must show the agent's official title.
  - C. All invoices must be billed to the Department.
  - D. The invoice must have a complete description of the goods or services being billed. Do not use abbreviations (such as "P/R" or "cont.") on agency-produced schedules. These are not standardized and may cause delays in the payment process due to invoices being returned for clarification purposes.
  - E. Invoices for services must have the date(s) of service.
  - F. The invoice must have the unit price and number of units billed or the lump sum price being billed. The invoice must also include the total amount billed. The information on the invoice must agree with the terms of the applicable contract or P.O.
  - G. Vendors requesting direct deposit of payments, and whose purchase orders have been set up using the information listed in paragraph 5 above, **MUST** write "**DIRECT DEPOSIT**" boldly on the top of the first page of each invoice submitted.
7. If two or more names, corporate entities and/or addresses are printed on the invoice (for example, in the case of collaborative, etc.), the letterhead used for invoices must be that specifically of the payee, matching the applicable W-9 and vendor file.

8. For invoices with multiple pages, each page must adhere to the requirements listed above in items 1 through 6. The pages must be numbered in successive order in the format "Page \_\_\_\_ of \_\_\_\_."
9. All invoices submitted for goods or services authorized by a purchase order must be received and approved by the appropriate staff of the requesting Department on the GEAC system before payment can be made. The receiving on GEAC is required as proof of receipt of goods purchased and services rendered. If the purchase order quantity or amount ordered is less than the items received and the purchase order requires closing by invoicing, the word "FINAL" must be indicated on the MOF/SBS/OTHER line of the GEAC RBL2 screen.
10. All invoices not associated with a purchase order, excluding utilities, must be received and approved by the appropriate staff of the requesting Department or designee. The words, "Approved for Payment", a full and legible signature (initials are not acceptable), and the date of approval should be written on the invoice/document submitted for payment. The DWS local office will be responsible for notifying the DWS Accounting Office of services not provided, adjustments, corrections and/or revisions to that impact payment of invoices.



**ARKANSAS DEPARTMENT OF WORKFORCE SERVICES,  
Transportation Services Memorandum of Agreement  
Statement of Rights and Responsibilities**

**Transportation Provider Assurances:**

- a. The Transportation Provider assures the Department of Workforce Services, ("the Department") that they shall comply with all the Department's requirements set forth in the Transportation Services Memorandum of Agreement ("the Agreement"). Failure to adhere to the assurances established in this agreement shall be grounds for the Department's written notification of immediate termination to participate as a Provider in the WISE Payment System.
- b. The Transportation Provider agrees to supply appropriate Department employees with proof of Employer Identification Number (EIN), signed W-9 form, IRS Letter 147-C and agrees that services will not be authorized if this information is not submitted.
- c. The Transportation Provider agrees that payment will be made only for the actual time transportation is provided in order for a participant to participate in activities determined, approved and required by the Department.
- d. The Transportation Provider agrees to report any change in arrangements that will affect the Transportation Provider, participant, and/or payment; within ten (10) calendar days from the date on which the change occurred.
- e. The Transportation Provider, is a business, agrees to submit a signed invoice for billing of services. If the Transportation Provider is not a business, form DWS/TEA-187, Billing and Routing Sheet will be completed. The Transportation Providers must sign the billing forms.
- f. The Transportation Provider agrees that checks for payment of services rendered will be made through the WISE Payment System.
- g. The Transportation Provider agrees that services provided to TEA participants of the Department will be in compliance with the non-discrimination laws under Title 45 of the Code of Federal Regulations: Part 80 (non-discrimination on the basis of race, sex, or religion) and Part 84 (non-discrimination on the basis of handicap); Title 28, Part 35 (non-discrimination on the basis of disability in state and local government services Final Rule; and Title 41 Part 60-74 (OFCCP: Affirmative Action Regulations and Handicapped Workers). The Transportation Provider acknowledges and will comply with federal and state regulations requiring affirmative action/equal opportunity in employment and service delivery. Copies of the referenced regulations and policy will be provided upon request.
- h. The Provider agrees to comply with the provisions of Audits of State and Local Governments and Nonprofit Organizations and any audits related to the Omnibus Budget Reconciliation Act. . Copies of the above referenced circulars and guidelines will be furnished upon request.

- i. The Provider agrees to comply with any monitoring visits conducted by the DWS Monitoring Unit with written notification of the monitoring visit.
- j. The Transportation Provider agrees to obtain the parent's/guardian's signature on each monthly billing form DWS/TEA-187, Billing and Routing Sheet and/or invoice prior to submission for payment.
- k. The Transportation Provider agrees that only directors, owners, or authorized representatives will sign the DWS/TEA-187, Billing and Routing Sheet, and/or invoice.

### **Department Responsibilities**

- a. The Department shall determine the eligibility of participants and fees to be assessed those authorized to be served through the WISE Payment System. The eligible participant will receive information relative to eligibility requirements, fees, verification information, and limitations on services/payment amounts, prior to any services rendered and payments made.
- b. Funds will be used to pay for only those services for which written authorization has been given. The Department will not pay for any services rendered by a Transportation Provider unless: 1) the service has been authorized by an appropriate Department employee(s) via DWS/TEA-1427; 2) a signed agreement has been received and is on file; and 3) other requirements relative to provider eligibility have been met.
- c. The Department agrees to notify the Transportation Provider of termination of services in a timely manner using the appropriate form and timeframes set forth in the TEA policy.
- d. The Department agrees to make available to the Transportation Provider necessary technical assistance concerning policy (including the transportation Memorandum of Agreement), record keeping requirements and billing procedures.
- e. The Department shall not be obligated to pay for any bills received more than thirty (30) calendar days after the end of the month for which services were rendered, unless the Transportation Provider can demonstrate good cause for untimely submission or required documentation/form.

## Arkansas Department of Workforce Services

### TEA Participant Rights and Responsibilities for Transportation Assistance

While you are receiving TEA Transportation Assistance from

\_\_\_\_\_ you are responsible for:  
(Provider's Name)

- a) Being at your designated pick up location on time
- b) Notifying the provider at the number below if you will not be using the service on a day you are scheduled to be picked up
- c) Notifying the provider of any time changes in your work or activity schedule
- d) Notifying the provider and your TEA case manager when you will no longer be using the service.

**This transportation service will be terminated if you fail to be at the scheduled pick up location more than 3 times without notifying the Provider.**

#### **You Have the Right To:**

- a) Be dropped off at your destination (work/training/activity site or appointment) no later than 10 minutes prior to the start of the activity, workday or appointment time
- b) To be picked up no later than 45 minutes after the scheduled return time
- c) In the event of an emergency, the transportation provider will respond to your call or page no later than 30 minutes after receiving your call.
- d) A courteous, patient, neat, clean and safe driver

Contact the transportation provider at

\_\_\_\_\_  
(Provider/Driver's Phone Number)

## **Instructions**

### **DWS/TEA-1433**

#### **TEA Participant Rights and Responsibilities for Transportation Assistance**

##### **Purpose**

Form DWS/TEA-1433 is used to provide the TEA participant and the Transportation Provider with a written list of the participant's rights and responsibilities when receiving transportation assistance.

##### **Completion and Routing**

The DWS local office will provide the transportation provider with a supply of the blank form DWS/TEA-1433.

The provider will complete his or her name and contact number on the form prior to giving it to the participant.

The transportation provider will give the participant a copy of the written rights and responsibilities the first day the transportation services are provided, in accordance with form DWS/TEA-1432, Memorandum of Agreement To Provide Transportation Services For TEA Participants, page 3, Performance Deliverable 2 or as a result of a signed contract between Transportation Provider and DWS.

##### **Retention**

Refer to the **Arkansas General Records Retention Schedule** for additional information.

Arkansas Department of Workforce Services

TEA On-The-Job Training/Employment Agreement

Section A

Pursuant to Title IV-A of the Social Security Act and Arkansas Act 1567 of 1999, On-the-Job Training (OJT) at the local level is intended to be utilized as an employment service to help move Transitional Employment Assistance (TEA) cash assistance recipients into full time unsubsidized employment and self-sufficiency.

The following OJT Agreement has been developed for \_\_\_\_\_  
(Participant)

and is entered into between the Department of Workforce Services, \_\_\_\_\_ County  
And  
(Employer) \_\_\_\_\_

The conditions of this agreement are as follows:

Section B Employer's Responsibilities

1. The employer agrees to provide all the training services needed to a qualified TEA Participant for employment in the specified occupation.
2. The employer will not subcontract the On-The-Job Training provided under this agreement.
3. The employer agrees to assume liability for any injury of a TEA participant through Worker's Compensation or an appropriate insurance plan.
4. The employer understands that DWS will not be liable in any manner for injuries to TEA participants.
5. The employer agrees to hire the participant after successful completion of the training described below.

_____	_____	_____
Job Title	Wage/Hr. during training	Wage/Hr. after training

Average Training Time: \_\_\_\_\_ for \_\_\_\_\_ for \_\_\_\_\_  
Hrs. day Days/weeks Months

Job Description: \_\_\_\_\_

6. The Employer agrees to reimbursement of \_\_\_\_\_ of the wages paid by the Employer to a TEA Participant while in On-The-Job Training.
7. The Employer will bill DWS once per month on letterhead stationary. The letterhead billing will be submitted to the DWS local office.

8. The employer agrees that services provided to TEA clients will be in compliance with the non-discrimination law under Title 45 of the Code of Federal Regulations, Part 80 (Non-discrimination on the basis of race, sex, or and Part 84 (Non-discrimination on the basis of handicap); Title 28, Part 35 (Non-discrimination on the basis of disability in state and local government services); Final Rule, and Title 41, Part 60-7 (OFCCP: Affirmative Action regulation on Handicapped Workers). The Provider acknowledges and will comply with state and federal law, requiring affirmation action/equal opportunity in employment and service delivery.
  9. The employer retains freedom to terminate the participant if it is determined that the participant is not performing satisfactorily.
- 

### Section C Participant's Responsibilities

As a TEA program participant engaged in On-The-Job Training, I agree to:

1. Participate by accepting the site training assignment and satisfactorily performing the required activities and number of hours specified by the employer.
  2. Call the employer (supervisor) when I cannot be at my assignment, and state the reason for the absence.
  3. Contact the local DWS local office if I experience any problems on the training site.
  4. Contact my case manager if I need childcare or supportive services in order to continue to participate.
- 

### Section D Department of Workforce Services Responsibilities

1. DWS will pay the employer an amount not to exceed the amount specified in section B, upon receipt of the letter-head billing from the employer.
  2. DWS agrees to notify the employer of termination of services in a timely manner.
  3. TEA funds will be used to pay for only those services for which written authorization has been given.
  4. Provide necessary supportive services for the participant to engage in the OJT activity.
- 

### Section E Signatures

This agreement is entered into this \_\_\_\_\_ day of \_\_\_\_\_  
Mo/Yr

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
DWS Local Office Manager (Designee) Signature

\_\_\_\_\_  
Date

## **Instructions**

### **DWS/TEA-1437**

#### **On-The-Job Training/Employment Agreement**

##### **Purpose**

Form DWS/TEA-1437, TEA On-The-Job Training/Employment Agreement is an individual agreement between the DWS local Office, TEA participant and OJT employer.

##### **Completion**

###### Section A-Identifying Information

The employer will enter participant's name, county and employer identifying for whom the OJT Agreement has been developed.

###### Section B-Employer Responsibilities

The employer responsibilities will be reviewed with the employer and the employment information will be entered as specified.

###### Section C-Participant Responsibilities

The case manager will review with the participant his or her responsibilities.

###### Section D-DWS Responsibilities

The case manager will provide an explanation of the Department's responsibilities to the participant and employer.

###### Section E-Signatures

The participant, employer and DWS Local Office Manager will sign the agreement.

##### **Routing**

A copy of the DWS/TEA-1437 will be given to the employer, participant, and a copy will be filed in the participant's TEA case record.

##### **Retention**

The DWS/TEA-1437 will be retained for 5 years following completion of the OJT agreement. Refer to the **Arkansas General Records Retention Schedule** for additional information.

# **ARKANSAS DEPARTMENT OF WORKFORCE SERVICES** **Participant Job Search Report**

Name (Print) \_\_\_\_\_ SSN \_\_\_\_\_ Date \_\_\_\_\_

Business/Employer:	<input type="checkbox"/> Child care was not needed	<input type="checkbox"/> Transportation not needed
Address:	<input type="checkbox"/> I did not pay for child care	<input type="checkbox"/> I did not pay for transportation
Phone Number:	<input type="checkbox"/> Child care was provided by _____	<input type="checkbox"/> Drove myself Mileage: _____
Person Contacted:	Name: _____	<input type="checkbox"/> Rode with provider
Date of Contact:	Address: _____	Name: _____
<input type="checkbox"/> Submitted Job Application <input type="checkbox"/> Had Job Interview	Phone number: _____	Address: _____
	Cost: \$ _____	Phone number: _____
		Mileage: _____
		<input type="checkbox"/> Used city bus or taxi Cost: \$ _____
Business/Employer:	<input type="checkbox"/> Child care was not needed	<input type="checkbox"/> Transportation not needed
Address:	<input type="checkbox"/> I did not pay for child care	<input type="checkbox"/> I did not pay for transportation
Phone Number:	<input type="checkbox"/> Child care was provided by _____	<input type="checkbox"/> Drove myself Mileage: _____
Person Contacted:	Name: _____	<input type="checkbox"/> Rode with provider
Date of Contact:	Address: _____	Name: _____
<input type="checkbox"/> Submitted Job Application <input type="checkbox"/> Had Job Interview	Phone number: _____	Address: _____
	Cost: \$ _____	Phone number: _____
		Mileage: _____
		<input type="checkbox"/> Used city bus or taxi Cost: \$ _____
Business/Employer:	<input type="checkbox"/> Child care was not needed	<input type="checkbox"/> Transportation not needed
Address:	<input type="checkbox"/> I did not pay for child care	<input type="checkbox"/> I did not pay for transportation
Phone Number:	<input type="checkbox"/> Child care was provided by _____	<input type="checkbox"/> Drove myself Mileage: _____
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	Cost: \$ _____	Phone number: _____
		Mileage: _____
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Phone Number:	<input type="checkbox"/> Child care was provided by _____	<input type="checkbox"/> Drove myself Mileage: _____
Person Contacted:	Name: _____	<input type="checkbox"/> Rode with provider
Date of Contact:	Address: _____	Name: _____
<input type="checkbox"/> Submitted Job Application <input type="checkbox"/> Had Job Interview	Phone number: _____	Address: _____
	Cost: \$ _____	Phone number: _____
		Mileage: _____
		<input type="checkbox"/> Used city bus or taxi Cost: \$ _____

The Job Search Contacts I have provided on this form are correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_



### OTHER ACTIVITIES

On the first page, you told where you had interviews and/or submitted job applications. In the blocks below, write the other things you did each day to look for work. Such as reading the job want ads, calling employers, registering with DWS Job Services, seeking employment through WIA, sending resumes to employers/companies, contacting people for job leads, sending thank you cards to interviewers, writing cover letters and other things that might lead to employment. If you had any expenses doing these activities for what you want to earn reimbursement, please include that information. Your case manager will advise you if reimbursement can be made for these expenses.

#### EXAMPLE:

##### Monday

What I did: I called my past employer to see if they were hiring. I read the help want ads, registered with DWS.

Results: One of my past employers may need someone later this month. I did not find anything in the help want ads.

Child care, transportation, and other expenses: A friend watched my child for free while I went to use the phone, buy a paper and go to DWS. I spent \$ 1.50 on phone calls and a paper. I drove 10 miles.

##### Monday

What I did:

Results:

Child care, transportation, other expenses

##### Tuesday

What I did:

Results:

Child care, transportation, other expenses

##### Wednesday

What I did:

Results:

Child care, transportation, other expenses

##### Thursday

What I did:

Results:

Child care, transportation, other expenses

##### Friday

What I did:

Results:

Child care, transportation, other expenses

## **Instructions**

**DWS/TEA-1446**

### **Participant Job Search Report**

#### **Purpose**

This form will be used by the participant to report Job Search activities and claim reimbursements for these activities. The DWS local office will use the form to calculate participation and reimbursements.

#### **Completion**

The TEA Case manager/Job Leader will instruct the participant on how to complete the form and will explain reimbursement procedures and limits to the participant. They will instruct the participant to sign each form he/she submits. On the front of the sheet the participant will provide information relating to the job interviews and/or submitted applications required.

The participant will complete the name of the company contacted, the address, the telephone number, the person at the company who interviewed or talked to the participant, and the date of the contact. The participant will check whether he/she submitted a job application, had a job interview, or both. For each contact, the participant will mark in the appropriate space whether child care was needed or was provided free of charge. If child care was used, the participant will complete the spaces for the provider's name, address, phone number and cost of child care.

For each contact, the participant will mark the appropriate space whether transportation was not needed, he drove himself, rode with a provider, or used public transportation. He will complete the necessary information for the answer given.

The participant will follow the example given, listing what he/she did each day, the results, and information necessary for reimbursements. If the participant needs additional space to explain his/her activities/expenses, he/she will be instructed to attach a sheet(s) of paper to the form. If the participant does his/her job seeking activities on weekends, he/she may cross out one of the other days and write in the correct day.

#### **Routing/ Retention**

The DWS/TEA-1446 will be filed in the participant's case record. The DWS/TEA-1446 will be retained for three years after the case closes and any audits are completed. Refer to the **Arkansas General Records Retention Schedule** for additional information.

DWS/TEA-1446 (09/07)

WORK VERIFICATION PLAN  
STATE OF ARKANSAS  
TEMPORARY ASSISTANCE  
FOR NEEDY FAMILIES (TANF)

Arkansas Department of Workforce Services  
Arteé Williams, Director

*September 2007*

Jobs for People. People for Jobs.

**DWS**  
Department of  
WORKFORCE Services

STATE OF ARKANSAS  
TANF WORK VERIFICATION PLAN

<b>Table of Contents</b>	<b>Page</b>
<b>Topic</b>	<b>Number</b>
<b>Introduction and Purpose of the Plan</b>	<b>3</b>
<b>I. Countable Work Activities</b>	<b>3</b>
Unsubsidized Employment	
Subsidized Employment	
Work Experience	
On-the-Job Training	
Job Search and Job Readiness	
Community Services Programs	
Vocational Education Training	
Job Skills	
Education Directly Related to Employment	
Satisfactory Attendance at Secondary School or Equivalency	
Providing Childcare Services for Participant Enrolled in Community Service Program	
<b>II. Hours Engaged in Work</b>	<b>22</b>
Holiday and Excused Absences	
Excused Absence Tracking	
FLSA Deeming	
<b>III. Work-Eligible Individual</b>	<b>24</b>
Identification and Verification	
Definitions	
<b>IV. Internal Controls</b>	<b>25</b>
Quality Case Reviews	
Review Process	
<b>V. Verification of Other Data used in Calculating</b>	
<b>The Work Participation Rates</b>	<b>28</b>
Arkansas Sampling Plan	

## **Introduction and Purpose of Plan**

This work verification plan was prepared in accordance with the regulatory requirements of the Temporary Assistance for Needy Families (TANF) interim final rule that the U.S. Department of Health and Human Service (HHS) published on June 29, 2006 and the subsequent work verification planning guidance issued by HHS. Under the rule, a State must submit a Work Verification Plan to HHS for approval no later than September 30, 2006. This plan is organized into five sections: 1) countable work activities; 2) hours engaged in work; 3) work-eligible individuals; 4) internal controls; and 5) verification of other data used in calculating the work participation rates.

A State's Work Verification Plan is a planning document that may be phased-in over a period of time and may also require substantial revision in future months. (All procedures and internal controls must be in place by October 1, 2007.) The State may amend its Work Verification Plan at any time during the course of the fiscal year in accordance with the regulations at 45 CFR 261.63(c).

### **I. Countable Work Activities**

The federally mandated Work Activities are the only activities considered in the calculation of Arkansas' Work Participation Rate. Each work activity is listed individually in this Work Verification Plan.

Arkansas determines the appropriate number of hours of participation, for each work activity, based upon the development of a participant's employment plan. Arkansas has implemented the following minimum number of hours of participation in work activities for Single Parent and Two-Parent Cases:

- Single Parent Cases – A single TANF/TEA participant must be engaged in work activities for a minimum of 30 hours per week.
- Two-Parent Cases – In two parent families, one parent must be engaged in a work activity for a minimum of 35 hours per week. If the second parent is not deferred, then both parents must be engaged in work activities – one for a minimum of 35 hours per week and the other for a minimum of 20 hours per week.

Once the employment plan has been developed, the case manager will input this data into the State's ANSWER system that opens the case. Case managers will then obtain documentation of actual hours of participation and, upon verification, enter these hours into ANSWER. ANSWER tracks the actual hours of participation entered for the required activities. In order to remain eligible to receive financial assistance, a participant must participate in the activities outlined in the employment plan for the required number of hours. ANSWER assists the case manager in recognizing the lack of sufficient hours entered via Exception Reports. These Exception Reports are generated monthly and contain those participants who have not participated in enough hours to comply with the federal requirements.

Generally, verification of actual hours of participation in Countable Work Activities will be accomplished via written information provided by the participant's supervisor, the participant themselves, or information gathered by the participant's case manager. Each of the Work Activities defined below will provide specific details regarding the verification process used.

Overall, documentation of participation in Work Activities includes the inclusion of verification documents in the participant's case file and the accompanying ANSWER system data entries.

## **1. Unsubsidized Employment**

*Describe the services or programs the State includes under the activity. (Services and programs must conform to the Federal definition of the activity.)*

Unsubsidized employment – defined as supervised full-time or part-time employment in the public or private sector with wages paid by the employer that are not supplemented by TANF or any other public program. The determination of whether or not employment is subsidized depends on whether the employer, rather than the participant, receives a direct subsidy. Self-employment and College Work Study are considered unsubsidized employment in Arkansas.

### **College Work Study**

Work Study is defined as unsubsidized employment for students in financial need. Work Study placements are sites developed or contracted out by educational institutions where students who qualify for this benefit are employed in order to receive this financial aid. The wages is usually received as an hourly salary that cannot exceed the total Work Study award.

*Describe how the State determines the number of countable hours of participation for the activity. If the State uses different methods for different services or programs within the activity, the State should describe each.*

The number of countable hours is determined by employee check stubs, employer-issued documentation that is provided to staff by either the employee or the employer that substantiates the number of hours worked, or information provided by employer to staff. Countable hours include all hours for which the employee is paid, including paid leave and paid holidays.

*Describe how the State verifies the actual hours of participation for the activity. Include the procedures for obtaining and maintaining documentation of hours of participation.*

Verification of hours of participation in Unsubsidized Employment is accomplished by the case manager's use of documentation that includes a verification of employment signed by the employer, pay stubs, time sheets, a copy of a check, other payment forms

submitted by the participant, and by the case manager's direct contact with the employer. Employer contacts must include: employer's name, name of case manager obtaining the verification, person talked to, and the date of contact. All verification information will be entered into the State's ANSWER System and maintained in the case file.

Arkansas requires the case manager to secure documentation for each countable hour or participation prior to entering the hours in the ANSWER System, rather than entering "scheduled" hours

### Self-Employment

Self-employment is defined as unsubsidized employment in which an individual generates income for themselves rather than for others.

*Describe how the State counts and verifies the hours of participation. A State may not count more hours toward the participation rate for a self-employed individual than the individual's self-employment income (gross income less business expenses) divided by the Federal minimum wage. The State may also describe an alternative methodology to count and verify hours a client is engaged in self-employment*

Arkansas uses the same method used when determining initial eligibility to determine the hours of participation for self-employment. Like employee earnings, the monthly amount of self-employment earnings that must be considered is the agency's best estimate of earned income that will be available to the individual in a month or months. Costs directly related to producing the income are subtracted from the self-employment gross. Only those costs without which the income could not be produced will be subtracted. Such costs do not include depreciation, personal business and entertainment expenses, personal transportation, purchase of capital equipment and payments on the principal of loans for capital assets or durable goods.

Also, income deposited in a Micro-enterprise escrow account will be deducted from the self-employment income prior to computing monthly gross earnings.

Self-employment earnings are usually not as predictable as employee earnings and are often received less frequently than monthly. Therefore, in most situations, a time period longer than two months will be used to determine average monthly self-employment earnings.

### Income Received Less Frequently Than Monthly (Quarterly, Annually, Etc.)

Income of this type may include farming (including soil bank and related diversion payments), cattle ranching, business, or any other type of self-employment enterprise in which the income resulting from work performed over a period of time is received at one time rather than during the period in which the work is being performed.

The first step in computing monthly gross earnings in these situations is to calculate the gross annual income for the previous calendar year. If available, the individual's Federal Income Tax Return may be used to determine the annual income and the amount of costs

related to producing the income. The annual allowable costs are subtracted from the gross annual income. The remainder is then divided by 12 to arrive at an average monthly amount. This figure is treated gross earned income.

If the previous year's income is not a fair reflection of the current year's income, the worker may determine, by averaging recent months or other means, an amount which will fairly reflect the current year's income. The case record should be documented to clearly reflect the manner in which the income was determined and the basis for considering it a fair reflection of the current year's income.

#### Income Received Monthly or More Frequently (Weekly, Daily, Etc.)

Income of this type may include room and board payments, baby-sitting, sales from Avon, Tupperware, etc., or any other type of self-employment in which the income is received at least monthly as the work is performed.

The first step in computing monthly gross income in these situations is to determine an average monthly gross based on the latest two months' income. Verification of the latest two months' gross income and costs related to producing the income should be obtained. After allowable self-employment costs are subtracted from the monthly gross, an average of the latest two months will be determined to arrive at the monthly gross earnings which will be used to determine income eligibility.

**NOTE:** A standard \$120 per roomer/boarder will be subtracted as the allowable costs for producing room and board income.

If the latest two months' income is not a fair reflection of the individual's current income, then another method to determine the average monthly income may be used (e.g., an average of more than two months' income). The case record should be documented to clearly reflect the manner in which the income was determined and the basis for considering it a fair reflection of current income. The self-employment income computation will be documented in the case record.

A self-employed participant must provide documentation that verifies gross income, minus business expenses. This documentation may be copies of money orders, checks and other forms of proof of income or expenditures. Self-declaration of hours is not permitted.

*If a State intends to project forward hours of participation based on current, documented, actual hours, explain how it will make this projection. (Unsubsidized Employment)*

Arkansas projects hours of unsubsidized employment for up to six months at a time on the basis of prior, documented actual hours of work. The average weekly hours to be reported during the six-month projection period are calculated from either 1) The information obtained from TANF eligibility workers regarding an individual's total actual hours of work for the most recent reporting month; or 2) the average, total actual hours of work for the one most recent reporting month. Case Managers will divide the hours by 4.33 to determine the average weekly hours to be reported during a six-month projection period.



At the end of this six-month period, staff obtains new valid documentation or re-verifies the participant's current, actual average wages and these hours may be reported for another six-month period. The Case Manager will divide total hours of work by 4.33 to determine the average weekly hours that will be reported for that month. These figures may be used to project actual hours of participation for the next six months.

If, at any time, staff becomes aware of a change in the client's work situation, the new actual hours must be documented and reported for six months.

*If a State intends to project forward hours of participation based on current, documented, actual hours, explain how it will make this projection. (Self-Employment)*

To project hours of self-employment for up to six months at a time, participants are required to report gross income less business expenses. Participation hours are calculated by dividing the individual's net income by the current federal minimum wage.

For self-employment income regularly generated the State uses the gross income from business records and/or tax records, subtract allowable business expenses divided by federal minimum wage or gross self-employment wages divided by the federal minimum wage plus weekly hours documented on self-employment record for work they are not paid such as record-keeping time, time spent cleaning business, or shopping and purchasing inventory.

When income may not be received in full in the month the work was done, gross income will be divided by the federal minimum wage, and in the case of seasonal employment, applied to the months of self-employment.

Case Managers shall divide the individual's total actual hours of self-employment participation for the most recent reporting month or the average, total actual hours of work for the last reporting month, by 4.33 to determine the average weekly hours of work that can be reported during an initial six-month projection period.

If a participant's actual hours of work increase during the six-month projection period, the Case Manager may re-project the individual's actual hours of work for six months. The new six-month projection period shall begin in the month following the month in which the increase occurred.

## **2. Subsidized Employment (Private and Public)**

*Describe the services or programs the State includes under the activity. (Services and programs must conform to the Federal definition of the activity.)*

Subsidized private sector employment is defined as supervised employment in the private sector for which the employer receives a subsidy from TANF or other public funds to offset some or all of the wages and costs of employing a participant for an established trial period. It is agreed that at the end of the trial period, not to exceed six months, the

employer is expected to retain the participant as a regular employee without receiving a subsidy.

Subsidized public sector employment is defined as supervised employment in the public sector for which the employer receives a subsidy from TANF or other public funds to offset some or all of the wages and costs of employing a participant for an established trial period. It is agreed that at the end of the trial period, not to exceed six months, the employer is expected to retain the participant as a regular employee without receiving a subsidy.

In subsidized employment, both Private and Public, the participant must receive the same wages, benefits, and working conditions as other employees who are performing comparable work. The employer must meet or exceed Federal Minimum Wage requirements.

Subsidized Employment, both Private and Public, differs from unsubsidized employment in that the employer receives a subsidy. It differs from work experience in that the participant is paid wages and receives the same benefits as a nonsubsidized employee who performs similar work.

*Describe how the State determines the number of countable hours of participation for the activity. If the State uses different methods for different services or programs within the activity, the State should describe each.*

Arkansas determines countable hours of participation on employee check stubs, employer-issued documentation that is provided to staff by either the employee or the employer that substantiates the number of hours worked, or information provided by employer to staff via collateral contact. Countable hours include all hours for which the employee is paid, including paid leave and paid holidays.

*Describe how the State verifies the actual hours of participation for the activity. Include the procedures for obtaining and maintaining documentation of hours of participation.*

Verification of actual hours of participation in subsidized employment is accomplished via employee check stubs, employer-issued documentation that is provided to staff by either the employee or the employer that substantiates the number of hours worked, or information provided by employer to staff via collateral contact.

Sufficient verification will be obtained so that the actual hours of the employee can be determined. Staff does not automatically assume that one check stub accurately reflects hours for an entire month.

All documentation is maintained in the case file.

*If a State intends to project forward hours of participation based on current, documented, actual hours, explain how it will make this projection. (Subsidized Employment)*

Arkansas will project hours of subsidized employment for up to six months at a time on the basis of prior, documented actual hours of work. The average weekly hours to be reported during the six-month projection period are calculated from either 1) The information obtained from TANF eligibility workers regarding an individual's total actual hours of work for the most recent reporting month; or 2) the average, total actual hours of work for the one most recent reporting month. Case Managers will divide the hours by 4.33 to determine the average weekly hours to be reported during a six-month projection period.

At the end of this six-month period, staff must obtain new valid documentation or re-verify the participant's current, actual average wages and these hours may be reported for another six-month period. The Case Manager will divide total hours of work by 4.33 to determine the average weekly hours that will be reported for that month. These figures may be used to project actual hours of participation for the next six months.

If, at any time, staff becomes aware of a change in the participant's work situation, the new actual hours must be documented and reported for six months.

### **3. Work Experience Training**

*Describe the services or programs the State includes under the activity. (Services and programs must conform to the Federal definition of the activity.)*

Work Experience is defined as supervised unpaid work in a public-sector or private-sector setting that allows participants to develop employment/job skills and improve work habits through time-limited unsalaried job training at a clearly defined, well-supervised training site. The Work Experience definition includes Unpaid Internships. Unpaid Internships are short-term and usually part-time worksite learning assignments with a public or private organization that enhances the participant's employability through skill building. The participant does not receive a wage. Unpaid internships include external learning assignments that may be required by a training program (i.e. Clinical Hours).

Single parent households assigned to a work experience activity are required to participate up to 30 hours per week, at a minimum, but no more than forty (40) hours, of activity per week is required. Two-parent families assigned to a work experience are treated exactly the same as described for single parents, except for changes in the minimum number of hours. The minimum number of hours may be less if the individual is engaged in another work activity that is counted toward his or her participation requirement (e.g. part-time employment).

All work experience job sites are established through a signed Training Site Agreement between the employer and the Local Office or other community service agency. By

signing this agreement, the Site Trainer agrees to provide instruction and supervision to the participant as well as complete and sign a Participant Time Card/Progress Report for each participant that is routed to the case manager or designee. Participants are required to sign a Work Site Participant Agreement whereby they agree to participate the required number of hours or risk having their case closed.

Participation in Work Experience Training should not exceed three (3) months. Decisions to extend a Work Experience Training engagement will be made at the Local Office level.

*Describe how the State determines the number of countable hours of participation for the activity. If the State uses different methods for different services or programs within the activity, the State should describe each.*

Work Experience training site supervisors and participants report actual hours of participation via a signed Participant Time Card/Progress Report that report daily hours of participation.

Participants are not compensated at an hourly rate and are not considered employees of the training site or of DWS, but are participants of TANF receiving training at a specific training site. Participants are not covered by Worker's Compensation, but are covered by a special insurance policy purchased by the Arkansas TANF program.

*Describe how the State verifies the actual hours of participation for the activity. Include the procedures for obtaining and maintaining documentation of hours of participation.*

The training site supervisor and the participant's attestation on the signed Participant Time Card/Progress Report are used as verification of actual hours of participation. This documentation is provided bi-weekly to the case manager. This signed report serves as supporting documentation that the hours of participation were actually performed for the hours claimed in the work experience activity. The case manager monitors these reports for accuracy and retains in the participant's case file.

*Describe the methods of daily supervision for each unpaid work activity.*

Participants in this activity are provided daily supervision. By signing the Training Site Agreement, the training site supervisor agrees to provide supervision through general employment training/instruction as well as job-specific instruction and supervision. Through the use of the Participant Time Card/Progress Report, the training site supervisor provides an ongoing evaluation of the participant's performance, progress, and the intensity of the supervision and instruction provided. Site supervisors are also requested to provide an overall evaluation of the participant's performance in this report.

#### 4. On-the-Job Training

*Describe the services or programs the State includes under the activity. (Services and programs must conform to the Federal definition of the activity.)*

On-the-job training (OJT) is defined as training in the public or private sector that is given to a paid employee while he or she is engaged in productive work and that provides knowledge and skills essential to the full and adequate performance of the job. On-the-job training differs from subsidized employment in that the OJT employer receives a subsidy to help with costs associated with *training*. "Supported work" for individuals with disabilities is considered OJT if onsite training is included.

Customers in this work activity will receive training and supervision in an occupation for which an employer would normally hire skilled workers. While participating in OJT, the person will be paid at the same rate as other employees performing the same or similar jobs.

Upon initiating OJT assignments, the participant, employer, and DWS Local Office Manager enter into a signed TEA OJT/Employment Agreement. This agreement outlines the responsibilities of all involved parties, including a pledge by the employer to provide all the training services needed to a participant for employment in the specified occupation.

The Local Office staff develops OJT worksites or accepts placements at worksites developed by other agencies. By signing the TEA OJT/Employment Agreement, participants agree to comply with all worksite requirements in order to be in compliance with the TANF Program. Failure to be in compliance without good cause could result in imposition of the non-compliance sanction.

At worksites developed by the Local Office, up to half of the wages paid by the employer may be reimbursed by the TEA program. The actual amount of training reimbursement is articulated in the TEA OJT/Employment Agreement.

Participation in OJT is limited to a maximum of six (6) months during a twenty-four month period and specified in the signed TEA OJT/Employment Agreement. The Local Office Manager may approve a one-time extension of up to 90 days for participation in OJT.

*Describe how the State determines the number of countable hours of participation for the activity. If the State uses different methods for different services or programs within the activity, the State should describe each.*

Arkansas determines countable hours of participation on employee check stubs, employer-issued documentation that is provided to staff by either the employee or the employer that substantiates the number of hours worked, or information provided by

employer to staff via collateral contact. Countable hours include all hours for which the employee is paid, including paid leave and paid holidays.

*Describe how the State verifies the actual hours of participation for the activity. Include the procedures for obtaining and maintaining documentation of hours of participation.*

Staff obtains employee check stubs, employer-issued documentation that is provided to staff by either the employee or the employer, or collateral contact with the employer. This information is retained in the participant's case file as documentation and verification of hours worked.

Additionally, monthly billings submitted by the employer are reviewed to ensure that sufficient documentation has been provided to verify payment.

*Describe the nature of training provided by employers that distinguishes this from subsidized employment.*

OJT differs from subsidized employment in that an Individual On-The-Job Training Plan is developed for each OJT trainee prior to the trainee's start date in the new position.

*If a State intends to project forward hours of participation based on current, documented, actual hours, explain how it will make this projection.*

Arkansas will project hours of participation in OJT for up to six months on the basis of prior, documented actual hours of participation. Case Managers shall divide the individual's total actual hours of work for the most recent reporting month or the average, total actual hours of work for the two, most recent, reporting month, by 4.33 to determine the average weekly hours that can be reported during six-month projection period.

If a participant's actual hours of work increase, the Case Manager may re-project the individual's actual hours of work for six months when. The new six-month projection period shall begin in the month following the month in which the increase occurred.

## **5. Job Search and Job Readiness**

*Describe the services or programs the State includes under the activity. (Services and programs must conform to the Federal definition of the activity.)*

Job search and job readiness assistance is defined as seeking or obtaining employment or the preparation for seeking or obtaining employment. Job search activities include making contact with potential employers, applying for vacancies, and interviewing for jobs. Job readiness activities include classes or workshops where participants can improve their employability skills. Participants learn techniques such as resume writing, workplace etiquette, interviewing, and life skills.

Job readiness activities also include substance abuse treatment, mental health treatment (including mental health treatment needed to address domestic violence), or rehabilitation activities for those who are otherwise employable.

Such treatment or therapy must be determined to be necessary and certified by a qualified medical or mental health professional or treatment provider.

Arkansas continues to utilize the Family Violence Option (FVO) for victims of domestic violence. This will allow us to modify program requirements and extend time limits to help victims of domestic violence.

The Department of Workforce Services works with service providers, other agencies, advocate groups, etc. to ensure that clients who are victims of domestic violence receive the needed assistance.

Supervision of this activity is the responsibility of the case manager and verification of actual hours of participation is done through written confirmation of attendance with the medical professional or treatment provider.

Job Search and Job Readiness activities are limited to no more than four consecutive weeks and no more than six total weeks in a year.

*Describe how the State determines the number of countable hours of participation for the activity. If the State uses different methods for different services or programs within the activity, the State should describe each.*

Actual hours of Job Search, as a countable activity, must identify employment opportunities, applications, and participation in employment interviews. The participant is required to maintain daily documentation of all related contacts. Countable Job Search requires contact with potential employers in person, by Internet or by phone. The participant is required, at least bi-weekly, to maintain and submit a log of the daily contacts. The log is filed in their case record. The log provides the date of contact, position that was available and of interest, the name of employer and contact information.

Actual hours of Job Readiness, as a countable activity, must be provided via written verification in the form of attendance records submitted by the instructor or facilitator of the workshop or class or, in the cases of substance abuse/mental health treatment/domestic violence treatment, written confirmation of attendance provided by the treatment provider.

This documentation is provided to the case manager on a bi-weekly basis and retained in the participant's file.

*Describe how the State verifies the actual hours of participation for the activity. Include the procedures for obtaining and maintaining documentation of hours of participation.*

For Job Search activities, participants are provided with and required to use a DWS-TEA-1446 form for the purpose of documenting job seeking activities, employer contacts and verifying expenses.

Case managers will verify the validity of the job search employment contact information by conducting weekly random reviews/follow-up with employers. Based on these weekly reviews any necessary corrections, deletions, or additions to information contained or

Arkansas Work Verification Plan  
September 2007

omitted in the State's monthly participation rate calculation will be amended accordingly within the established timeframes for TANF reporting.

The Case Managers' Supervisor will complete additional quality reviews as part of the case review process.

The verification review will include, but is not limited to:

- Contact of the employers to verify the documented information.
- Written proof that an application has been filed.
- Notification of scheduled interviews.

When submitted documentation is incomplete and/or written verification does not validate the activity, the hours will not be considered as countable toward the work participation rate.

For Job Readiness activities, written verification in the form of attendance records will be signed and submitted by the instructor or facilitator of the workshop or class and placed in the participant case record.

*Describe the methods of daily supervision for each unpaid work activity.*

Supervision of Job Search activities is the responsibility of the case manager and is provided via weekly scheduled contact with the participant as well as daily access to the case manager to provide the participant the opportunity to seek guidance in job search and to report on progress.

The instructor or activity leader provides daily supervision of Job Readiness activities through the provision of guidance and instruction.

For mental health, substance abuse, and domestic violence treatment activities, the treatment provider provides daily supervision to participants while also maintaining regular contact with the case manager.

*If the State intends to count substance abuse treatment, mental health treatment and rehabilitation activities, describe the criteria to determine whether recipients are "otherwise employable" and establish the necessity of treatment or therapy. Describe the certification requirements for qualified medical or mental health professionals used in this process.*

Arkansas will use the following criteria to determine whether customers are "otherwise employable" and to establish the necessity of treatment or therapy.

### **The Screening Process**

Screening is achieved through an integrated Severe Barriers Screening Instrument that is a self-administered, computer-aided questionnaire that is written at a fourth grade reading



level. A TEA participant who meets the criteria will be identified on the Severe Barriers Screening Instrument by the DWS staff using an identifier code.

The case manager will explain the purpose of the screening to the client, discuss the confidentiality of the information obtained during the screening using the Severe Barriers Confidential Statement on the Kiosk. The client will be asked to sign form DCO-1455p, TEA Employment Barrier Screening Consent Statement.

The screening should take about 30 minutes; however there is not set time limit for the screening. Once the screening is completed, the DWS case manager will complete a referral to Severe Barriers Project team.

### **The Assessment**

The Severe barriers Assessment Team will complete the assessment during a visit to the client's home. If a severe barrier does exist, the SBP team will determine the appropriate action/treatment plan for the client. The SBP team and DWS case manager will coordinate activities to ensure that the client receives needed services.

### **The Treatment**

The assessment team will refer the client to the appropriate provider for treatment. The SBP team will report the client's activities each month to DWS local office via the Severe Barriers Project Work Activity Monthly Report. The team will identify the treatment or activity the client has participated in each week and the number of hours the client has participated each week on the monthly report.

### **Provider Type**

Mental Health Diagnosis- Community Mental Health Centers  
Dual diagnosis- Community Mental Health/treatment Center  
Substance Abuse- Substance Abuse treatment Programs  
Domestic Violence- Shelters/Advocacy Programs

Arkansas will rely upon the professional expertise of its partners, currently the University of Arkansas – Medical Sciences (UAMS), to determine the appropriate certification requirements for qualified medical or mental health professionals in this process.

*Describe how the State ensures that no more than six total weeks (four consecutive weeks) of job search and job readiness assistance are reported in a fiscal year.*

To make certain that no more than six total weeks during a fiscal year, and four consecutive weeks, of job search and job readiness assistance are reported, Arkansas will utilize a manual process whereby case managers will track weeks in which verified hours of participation are reported for each participant beginning the fiscal year. The fiscal year begins on the first Sunday of the October reporting cycle and continuing through the last Saturday in the September reporting cycle. A week starts on Sunday and ends on Saturday.

If a participant has any verified hours of participation for job search and job readiness assistance during that seven-day period, a count of one week is added to the table for that customer. This continues for each week in the fiscal year.

## **6. Community Service Programs**

*Describe the services or programs the State includes under the activity. (Services and programs must conform to the Federal definition of the activity.)*

Community service is defined as structured programs and activities designed to improve the employability of participants not otherwise able to obtain employment, and must be supervised on an ongoing basis no less frequently than daily.

Participation in Community Service enables participants with limited or no experience to learn valuable work habits and socialization skills that employers require of their workers. Community Service activities are performed with a government entity (city, county or state), or community and charitable organizations.

Community Service programs will be a short-term worksite learning assignments that must be approved by DWS staff. A Training Site Agreement will be entered into prior to the placement of a participant at the site. Arkansas will not permit self-initiated community service positions however participants who have been court ordered to complete Community Service activities are allowed to use the court ordered activity as their program mandated activity.

*Describe how the State determines the number of countable hours of participation for the activity. If the State uses different methods for different services or programs within the activity, the State should describe each*

Participants participating in community service programs receive daily supervision from the community service program site supervisors or other responsible individuals. Staff monitors participation via the TEA Participant Time Card/Progress Report (DWS-TEA-1407), through on-site visits to worksites, and progress reports provided by the worksite.

*Describe how the State verifies the actual hours of participation for the activity. Include the procedures for obtaining and maintaining documentation of hours of participation.*

The Community Service Provider and the participant sign the TEA Participant Time Card/Progress Report attesting to the truthfulness of the information provided. This documentation is submitted to the case manager no less frequently than once every two weeks. All TEA Participant Time Card/Progress Reports are retained in the participant's case file.

*Describe the methods of daily supervision for each unpaid work activity.*

Organizations providing community service opportunities must provide a structured work setting with daily supervision, evidenced by documentation contained in the Participant Time Card/Progress Report. This report provides an opportunity for the community service provider to indicate the type of supervision provided and an evaluation of the participant's performance. The case manager will use this information to ensure that the placement is beneficial to the participant and the community service provider and that all required work hours are performed satisfactorily.

*Describe how the types of community service positions that create an employer/employee relationship and are subject to the FLSA minimum wage requirements will be determined.*

Arkansas does not anticipate entering into any community service positions that will create an employer/employee relationship. The Training Site Agreement indicates to the Community Service Organization that the participant is neither an employee of DWS or the Community Service Organization and not covered by Worker's Compensation.

*If the State permits self-initiated community service positions, describe how it determines that the position provides a direct community service and improves the recipient's employability.*

Arkansas will not allow self-initiated community service positions, at this time. If a change in this philosophy occurs, we will modify our Work Verification Plan accordingly.

## **7. Vocational Education Training**

*Describe the services or programs the State includes under the activity. (Services and programs must conform to the Federal definition of the activity.)*

Vocational educational training (not to exceed 12 months with respect to any individual) is defined as organized educational programs that are directly related to the preparation of individuals for employment in current or emerging occupations requiring training. Vocational Education does not include baccalaureate or advanced degrees.

Vocational Education training must be provided by education or training organizations such as: vocational-technical schools, community colleges, postsecondary institutions, proprietary schools, non-profit organizations, and secondary schools that offer vocational education.

Vocational Education does not include English as a Second Language (ESL). With one exception, basic and remedial education is considered a separate service and case managers will use this service for participants who are not pursuing a vocational

educational training program. The noted exception being instances where basic and remedial education is a necessary and regular part (embedded in) of any vocational/educational training course curriculum.

*Describe how the State determines the number of countable hours of participation for the activity. If the State uses different methods for different services or programs within the activity, the State should describe each.*

At least bi-weekly, participants are required to submit written verification to case managers that identifies the number of actual hours the participant attended the Vocational Education activity each day in a week. The Vocational Education provider (acting as supervisor) and the participant sign the written verification attesting to the truthfulness of the information provided. The written verification serves as supporting documentation that the hours of participation were actually performed for the hours claimed in the Vocational Education activity.

*Describe how the State verifies the actual hours of participation for the activity. Include the procedures for obtaining and maintaining documentation of hours of participation.*

The written verification provided by the participant and the Vocational Education provider serves as supporting documentation that the hours of participation were actually performed for the hours claimed in the Vocational Education activity. This information is retained in the participant's case file.

*Describe the methods of daily supervision for each unpaid work activity.*

The staff of the vocational education provider provides daily supervision to participants.

*Describe how the State ensures participation in vocational educational training does not count beyond the statutory limitations limiting participation to 12 months lifetime per individual.*

Arkansas will utilize a manual process to ensure that the 12-month limit on vocational education adhered to. Case managers will track the time participants spend in vocational education. Once the time spent reaches 12 months, the activity will no longer count toward the Federal participation rates.

*Describe how the State will ensure that basic and remedial education and English as a Second Language (ESL), if such activities are counted, are of limited duration and a necessary or regular part of the vocational education training.*

Basic and remedial education can only count if the vocational educational provider determines that basic and remedial education is necessary for a participant's successful completion of the program. The vocational education provider must submit official documentation to the case manager indicating that a participant requires this instruction to participate in the program. The vocational educational provider will determine the duration of these activities.

## Supervised Study Time

Unsupervised participation in vocational education, homework time or study time may not be reported as participation in vocational education; however, monitored study sessions may be included and reported as participation in vocational education provided the vocational education training provider is able to verify attendance and participation by participants. Sufficient documentation must be provided to the case manager for this participation to be included in the work activity hours.

## **8. Job skills training directly related to employment**

*Describe the services or programs the State includes under the activity. (Services and programs must conform to the Federal definition of the activity.)*

Job skills training is defined as training or education for job skills required by an employer to provide an individual with the ability to obtain employment or to advance or adapt to the changing demands of the workplace.

Job skills training includes customized training that meets the needs of a specific employer, general training that prepares an individual for employment, and vocational education training that continues after the twelve-month time limit, if it fits in the definition of this activity. This definition includes all actual hours spent in class as well as supervised time spent performing other activities required for the approved training program.

*Describe how the State determines the number of countable hours of participation for this activity. If the State uses different methods for different services or programs within the activity, the State should describe each.*

At least bi-weekly, participants are required to submit Participant Time Card/Progress Reports to the case manager that identifies the number of actual hours the participant attended the Job Skills Training Directly Related to Employment activity each day in a week. The training provider and the participant sign the reports attesting to the truthfulness of the information provided.

*Describe how the State verifies the actual hours of participation for the activity. Include the procedures for obtaining and maintaining documentation of hours of participation.*

The Job Skills training provider is responsible for daily supervision of participants and must sign the Participant Time Card/Progress Report for submission to the case manager. This report logs daily and weekly hours of participation. The Participant Time Card/Progress Reports are retained in the participant's case file.

*Describe the methods of daily supervision for each unpaid work activity.*

The Job Skills training provider is responsible for daily supervision of participants.

## **9. Education directly related to employment**

*Describe the services or programs the State includes under the activity. (Services and programs must conform to the Federal definition of the activity.)*

This activity is defined as an educational program that is related to a specific occupation, job, or job offer. This includes courses designed to provide the knowledge and skills for specific occupations or work settings and includes English for Speakers of Other Languages and Basic Education. When it is a prerequisite for employment by an employer, this activity may include education leading to a GED or a high school equivalency diploma. Supervised time spent in study halls is included in the definition.

*Describe how the State determines the number of countable hours of participation for this activity. If the State uses different methods for different services or programs within the activity, the State should describe each.*

The education provider and participant report actual hours of participation on the Participant Time Card/Progress Report. This report includes all of the supervised time spent in this activity.

*Describe how the State verifies the actual hours of participation for the activity. Include the procedures for obtaining and maintaining documentation of hours of participation.*

Verification of hours spent in this activity is accomplished via the participant's Participant Time Card/Progress Report, signed by both the education provider and the participant. This weekly attendance record will be maintained in the participant's file.

*Describe the methods of daily supervision for each unpaid work activity.*

The work-based learning activity provider staff members provide daily supervision for the participation hours in this activity.

*Describe the State's criteria for "good and satisfactory progress" and when and how it is documented.*

Satisfactory progress is defined by the educational institution and includes: a passing grade, completion of a work course, completion of a class or an ongoing progression of classes in a series.

## **10. Satisfactory Attendance at Secondary School**

*Describe the services or programs the State includes under the activity. (Services and programs must conform to the Federal definition of the activity.)*

Satisfactory Attendance at Secondary School is defined as high school attendance or participation in a GED preparation class and may be assigned to participants who lack a high school diploma or a GED.

As a condition of eligibility for TANF cash assistance, a teen parent who does not have a high school diploma or a GED will participate in this activity.

*Describe how the State determines the number of countable hours of participation for this activity. If the State uses different methods for different services or programs within the activity, the State should describe each.*

At least bi-weekly, participants are required to submit the Participant Time Card/Progress Report to the case manager that identifies the number of actual hours the participant attended school or GED class each day in a week. The school or GED preparation provider (acting as supervisor) and the participant sign the written verification attesting to the truthfulness of the information provided.

*Describe how the State verifies the actual hours of participation for the activity. Include the procedures for obtaining and maintaining documentation of hours of participation.*

Verification of actual hours will be accomplished through the use of the Participant Time Card/Progress Report submitted to the case manager. These reports will be maintained in the participant's case file.

*Describe the methods of daily supervision for each unpaid work activity.*

The education provider staff members provide daily supervision for the participation hours in this activity.

*Describe the State's criteria for "good and satisfactory progress" and when and how it is documented.*

Satisfactory progress is defined by the educational institution and includes: a passing grade, completion of a work course, completion of a class or an ongoing progression of classes in a series.

Participants will provide a copy of their report card, progress report and/or a copy of the educational institutions method of showing progress for attendance and progress in course work to their respective case manager. This information is retained in the participant's case file. The frequency will be determined based on the educational institution's policy on providing the reports to the student. For example: quarterly, semester, every six weeks, etc.

## **11. Providing childcare services**

*Describe the services or programs the State includes under the activity. (Services and programs must conform to the Federal definition of the activity.)*

This is defined as structured activities in which a participant provides unpaid childcare to enable another TANF participant to participate in a community service program. This definition does not include providing childcare to a TANF participant participating in any activity other than community service nor allows one parent in a two-parent family provide childcare for his or her own child while the other parent participates in community service.

*Describe how the State determines the number of countable hours of participation for this activity. If the State uses different methods for different services or programs within the activity, the State should describe each.*

Participants report countable hours of participation via the Participant Time Card/Progress Report that lists hours for every day of every week in each month. This report is submitted to the case manager.

*Describe how the State verifies the actual hours of participation for the activity. Include the procedures for obtaining and maintaining documentation of hours of participation.*

The participant providing childcare for the parent participant participating in Community Service must provide this service in a structured, supervised setting. The on-site supervisor will provide written verification of actual hours of participation. This supervisor will sign the participant's Participant Time Card/Progress Reports. These Participant Time Card/Progress Reports will be submitted to the case manager no less than bi-weekly and is retained in the participant's case file. This written verification serves as documentation that the hours of participation were actually performed.

*Describe the methods of daily supervision for each unpaid work activity.*

The on-site supervisor will provide daily supervision for the participant providing childcare services.

## **II. Hours Engaged in Work**

The Regulations make clear that States must report *actual hours* of participation, not scheduled hours. Arkansas interprets these regulations to indicate that there are two instances in which hours can be counted toward the participation rate even if the participant was absent from scheduled work/participation. First, for employed participants, hours for which they are paid- including paid leave- can count toward the participation rate.

Second, for individuals in unpaid work activities, up to 2 days per month of missed participation – with a limitation of 10 days in any 12-month period- can be counted toward the participation rate, if a state considers them *excused absences*. Consequently, Arkansas will institute the following Holiday and Excused Absence Policy.



## **Arkansas' Holiday and Excused Absence Policy**

Arkansas will implement a Holiday and Excused Absence Policy in accordance with Federal Regulations for unpaid work activities.

### **Excused Holidays**

Participants engaged in any unpaid work activity will be credited as participating on the holidays listed below. Participants should be credited with the number of hours that they would normally be scheduled for on these 10 holidays.

These 10 holidays are:

New Year's Day  
Martin Luther King Day  
President's Day  
Memorial Day  
Independence Day  
Labor Day  
Veterans Day  
Thanksgiving Day  
Christmas Eve  
Christmas Day

### **Other Excused Absences**

In addition to being credited as participating on the holidays listed above, participants engaged in any unpaid work activity, up to 2 days per month of missed participation — with a limitation of 10 days in any 12 month period — can be counted toward the participation rate for “excused absences”. Any absence for any part of a day counts as one of the days available for excused absences.

### **Excused Absence Tracking**

Case Managers will manually track the number of excused absences used, noting the information in the case file and on the narrative screen in ANSWER.

In order to count an excused absence as actual hours of participation, the individual must have been normally scheduled to participate in an allowable work activity for the period of the absence that the State reports as participation.

### **FLSA Deeming**

Currently, Arkansas has not chosen to use the “deeming” provision permitted at §§ 261.31 and 261.32.

### III. Work-Eligible Individuals

#### 1. Identification and Verification

Arkansas utilizes its data systems to identify work-eligible individuals as defined in Section 261.2 of the Interim Final Rule. We will identify the following as work-eligible individuals:

- All adults receiving TANF assistance
- Minor parent head of household receiving TANF assistance
- Non-recipient parents who are not:
  - a minor parent who is not a head-of-household (or a spouse of head-of-household);
  - an individual ineligible due to immigration status; or
  - a recipient of Supplemental Security Income (SSI).

*Note: Arkansas does not currently operate a Separate State Program (SSP).*

Changes are currently being made to the Work Rate Calculation (WORC) system to properly identify work-eligible individuals (and to exclude those who are not) according to the new definitions. New data codes are being added to WORC so that all individuals will be reported according to the new codes.

The ANSWER System in conjunction with the WORC system will be programmed to identify all family members associated with the eligible child. The systems will maintain an extensive database of household and family relationships and assign a specific code to each family member in the family. Each month, data for all families receiving ongoing TANF and/or state assistance will be extracted from the ANSWER System into the WORC data warehouse.

The identifier for each family case will then be utilized to identify all family members and caretaker relatives associated with the eligible child. Whether or not an individual is designated as work eligible can then be determined for all individuals associated with the family by analysis of their age, relationship to the eligible child, marital and/or head-of-household status, family conditions or receipt of assistance. The following parents will be excluded as work eligible individuals and the method for identifying them is described as follows:

- Parents who are ineligible aliens will be identified and designated as exempt by virtue of a specific status code programmed in the ANSWER and WORC Systems.
- A minor parent that is not a head-of-household or is not married to a head-of-household—the minor parent payee of the benefits will be identified as the head-of-household. A teen parent who is not married to the payee will be determined as not work eligible.

- SSI recipient—these individuals will be identified and designated as exempt by a specific status code programmed in the ANSWER and WORC System. Their receipt of SSI benefits will confirm this status.
- Parents caring for a disabled family member in their home.

### **Definitions:**

In determining work status of an individual who is caring for a disabled family member, the term “disabled” will be defined as a physical or mental illness, impairment or defect supported by medical evidence and expected to last longer than 30 days.

The disability must be severe enough to require the full-time presence of a caregiver. Both the disability and the need for care must be supported by a licensed physician’s statement which includes both a confirmation of a disability and an opinion regarding the projected duration. Annual reviews will be conducted regarding the disability and the need for full-time care, when the disability is expected to exceed one year or more. Individuals whose disability has an expected duration of less than one year, a review will be conducted at the end of the disability period projected and noted in the physician’s statement.

For the purpose of “caring for a disabled family member” policy, a family member requiring care must be within the 5<sup>th</sup> degree of kinship through blood or marriage to the caregiver (5<sup>th</sup> degree - Great-great-great-grandparent, great-great-uncle, great-great-aunt, first cousin once removed i.e., the child of one’s first cousin).

In regards to “caring for a disabled family member” policy, full time school attendance is defined in accordance with the school’s definition of attendance.

## **IV. Internal Controls**

In Arkansas, data flows from the work site activity through the data system(s) to ACF, including the edits / protocols, via the following process:

The Division of Workforce Services (DWS) is responsible for managing all of the TANF households’ work activities, including the determination of the each TANF household’s monthly work participation status. The flow of TANF data from the work site begins with the DWS Case Managers. They have been trained specifically to make appropriate case status determinations as they relate to work activities, in accordance with established federal guidelines governing the TANF program. Once a work activity determination has been made, the Case Manager enters this information in to the Arkansas Network System for Welfare Eligibility and Reporting (ANSWER) computer system. The Case Managers at each work site have until the close of business on the third Friday of the month following the report month to input TANF work activity data in to the system.

On the third Saturday of the month following the report month, the TANF data is downloaded from the ANSWER system in to the state’s Work Participation Rate Calculation (WORC) computer system. This is a newly developed system designed solely for use in capturing monthly TANF work participation data. This system is utilized

to format the data for TANF data report submission of the Administration for Children and Families (ACF). Once the file has been properly formatted, it is downloaded into TANF data reporting software provided by ACF, where it is checked for coding errors and final data transmission file is created. The transmission of the file to ACF is accomplished using File Transfer Protocol (FTP) software and server access connections provided by ACF.

## Quality Case Reviews

The State of Arkansas utilizes a standardized case review process to evaluate the quality and accuracy of the case manager's work in assigning appropriate work activities, completion of the follow up activities, and recording of the activities completed within the state's data collection system.

## Review Process

Arkansas will utilize a review process whereby both Local Office Managers and Regional Supervisors will review participant case file information. These reviews will include the correct entry of participant information into ANSWER according to all the available information in the case record and determine if information is accurately reflected in the file for submission to ACF. The reviewer also uses the case file documentation of hours and compares that to the hours recorded in ANSWER and the hours that are reported in the file that is submitted to ACF to make sure the number is accurately recorded.

Local Office Managers are required to complete at least 20 case reviews per month for their office. The review includes a review of the case file, a review of ANSWER and a review of all other related documents and systems. A standardized case review form is completed for each case record.

The results of the case reviews are compiled and reported each month. The Regional Supervisor receives a report on a monthly basis of all case reviews completed as well as the results of the case reviews.

Second level reviews are completed at the Regional Supervisor level to ensure the quality and accuracy of the case reviews that are completed by Local Office Managers. A minimum of three second-level case reviews is completed for each supervisor each quarter. The standardized case review form is completed for each case record. The results of the second level case reviews are compiled and reported each month.

The Central Office Quality Assurance Manager receives a report on a monthly basis of all second level case reviews completed as well as the results of the case reviews. Errors identified through the case review process at either first or second level, are documented on a case review form. Errors are reviewed with the case manager and assigned for correction.

The case manager is given three days to complete the required corrections. The supervisor monitors to ensure appropriate corrective action is taken within the assigned due date.

Information obtained from both first and second level case reviews is utilized to identify both best practices as well as areas in need of improvement. Best practices are shared at the unit, the district and the statewide level in order to improve quality and accuracy throughout the state.

Corrective strategies are developed when problem areas are identified. Results of corrective strategies are monitored on an ongoing basis to ensure improvement occurs.

## **V. Verification of Other Data Used in Calculating the Work Participation Rates**

In Arkansas, the Division of Workforce Services (DWS) is responsible for managing all of the TANF households' work activities, including the determination of the each TANF household's monthly work participation status. Validation of TANF data is initially accomplished by and is the primary responsibility of the state's DWS case managers and their supervisors in each DWS office located within the state. These case managers and supervisors are specialized and specifically trained to assess the work participation status of each client and the entering of this data into the Arkansas Network System for Welfare Eligibility and Reporting (ANSWER) computer system. Therefore, it is their responsibility to ensure the data inputted in to the system is an accurate reflection of the work participation status of the TANF household for the report month. Second-party reviews of case records are also utilized by case manager supervisors to ensure the accuracy of the data that is entered in to the State data systems. The newly developed Work Participation Rate Calculation (WORC) computer system includes edits that:

- Identify activity hours that are allowable for federal rate calculation to determine whether "core activity hours" have been met
- Track time-limited activities (e.g., job search)
- Accurately report an individual's participation status in the TANF Data Report

Exception reports are generated through the above edits for each month's data that identify possible coding errors. The reports are referred to the case manager supervisors for corrections. After the appropriate correction has been validated by the case manager supervisor, the corrected data is re-entered in to the ANSWER system to be downloaded in to the WORC system for final data transmission file creation.

**Arkansas' Quality Assurance Sampling Plan follows this section.**

ARKANSAS TEMPORARY ASSISTANCE TO NEEDY FAMILIES PROGRAM  
SAMPLING PLAN – NEGATIVE ACTIONS  
OCTOBER 2006 - SEPTEMBER 2007

This document details the sampling processes and statistical calculations for the Arkansas Transitional Employment Assistance (TANF) Program to comply with Federal data reporting requirements. The Department of Workforces Services administers this program with support from the Department of Health and Human Services, Division of County Operations (DHHS/DCO). Substantive modifications to this document will be submitted by the State to the Regional Office sixty (60) days prior to implementation.

Negative Universe

The negative universe listing will be compiled from the TANF Case Closures whose assistance was terminated for the reporting month, but received assistance in the month prior to the reporting month. All cases closed due to regulation changes are to be included in the negative universe as these cases are subject to negative Quality Control review.

Negative Sampling Frame

The Negative sampling frame consists of a complete listing of the negative universe. This listing will show total actions by county, case number, category of service, name, and date of action. Cases will be unduplicated.

Sample Selection Procedures

The Quality Assurance Section will be responsible for selecting the sample for Quality Assurance Review. Systematic random sampling will be utilized. The monthly caseload for the appropriate period will be estimated utilizing trends. A sampling interval will be calculated and a random start between one and the sampling interval inclusive will be selected.

Estimations and Calculations (Negative Sample)

A. Monthly Sample Frame Size	601 cases
B. Sample Size Determination	
Negative Sample Frame	800 cases

Utilizing past data, an approximate 10.00% over sample will be built into the sample size determination in order to compensate for those cases to be dropped.

C. Adjusted Required Sample Size - $(800 + (800 * .10)) = 880$	
Total Frame	880 cases
D. Average Number of Reviews To Be Completed - $(880/12=74)$	
Total Frame	74 cases
E. Sampling Interval Calculation	
Formula:	$I = N/X$
Where:	I= Sampling Interval
	N= Average Monthly Caseload
	X= Adjusted Required Sample Size Per Month

Negative Sample	$I = (601/74)$
	I=8

### Correction For Over Sampling

If a correction for over sampling is deemed necessary, the following procedure will be in effect. First, the monthly sample frame(s) will be assembled in monthly order beginning with the first month of review. A random start will be selected and applied to the (combined) lists to determine the first random case to be dropped from review. The calculated interval will then determine every case thereafter to be selected. The interval is calculated by using the formula  $I = X/Y$ , Where  $I$ = Sampling Interval,  $X$ = Number of Cases Selected For Review, and  $Y$ = Number of Cases to Be Dropped From the Sample. The  $Y$  value is calculated by subtracting the number of cases dropped from the number of cases selected for review. (This correction will not be made until the end of the annual review period when the exact number of cases selected for review is known.)

### Correction for Under Sampling

If a correction for under sampling is deemed necessary, the same procedure as is outlined above will be in effect with slight modification. The number of cases to be added to the selected cases for the review period will be calculated by utilizing the following formula:  $I = X/Z$ , where  $I$ = Sampling Interval,  $X$ = Number of Cases In The Universe, and  $Z$ = Number Of Additional Cases To Be Selected. The value of  $X$  is adjusted by subtracting the number of cases previously selected for review from the overall Number of Cases in the Universe. The cases previously selected for review must be removed from the universe to preclude duplication. The value of  $Z$  is calculated by subtracting the number of cases selected for review from the number of cases required to review. In both cases a supplemental list of cases will be generated and distributed to the QA staff for review. These cases will be reviewed in the same manner as all other cases. (Here again, the correction for under sampling will not be made until the end of the annual review period.)

**ARKANSAS TEMPORARY ASSISTANCE TO NEEDY FAMILIES PROGRAM  
SAMPLING PLAN – NEGATIVE ACTIONS  
OCTOBER 2006 - SEPTEMBER 2007**

Caseload for Review Month	601
Sample Size	880
Monthly Sample	74
Interval	8
Random Start (October 2006)	11

The review number will be continued month-to-month during the review period. A new random start will be used at the beginning of each month.

**Random Start for October 2006 – September 2007**

Month	Random Start
October 2006	4
November 2006	3
December 2006	2
January 2007	3
February 2007	2
March 2007	6
April 2007	8
May 2007	6
June 2007	5
July 2007	6
August 2007	7
September 2007	4



**ARKANSAS TRANSITIONAL EMPLOYMENT ASSISTANCE PROGRAM  
SAMPLING PLAN – POSITIVE ACTIONS  
OCTOBER 2006 - SEPTEMBER 2007**

This document details the sampling processes and statistical calculations for the Arkansas Temporary Assistance to Needy Families (TANF) Program to comply with Federal data reporting requirements. The Department of Workforces Services administers this program with support from the Department of Health and Human Services, Division of County Operations (DHHS/DCO). Substantive modifications to this document will be submitted by the State to the Regional Office sixty (60) days prior to implementation.

**Active Universe**

The active universe will consist of all families receiving cash assistance under the State TANF regular payroll.

**Active Sampling Frame**

The active sampling frame consists of all current TANF cases receiving a cash payment for the reporting month. This listing will be compiled from the sample month's regular payroll. The selection of the sample from the regular payroll will be delayed until after monthly payments have been authorized and the work participation data has been updated (after third Saturday of month following the reporting month). Cases will be unduplicated.

**Sample Selection Procedures**

The Department of Workforce Services will be responsible for selecting the sample for data collection and reporting. Stratified Systematic Sampling will be utilized. The monthly caseload for the appropriate period will be estimated utilizing trends. A sampling interval will be calculated and a random start between one and the sampling interval inclusive will be selected. The cases will be separated by stratum and sorted by case number in ascending order at the beginning of the selection process.

**Estimations and Calculations (Active Sample)**

**F. Monthly Sample Frame Size – 8,671**

**G. Sample Size Determination**

Stratum 10 (Initial Approvals)	600 cases
Stratum 11 (Two Parent Household)	600 cases
Stratum 12 (Regular)	1,800 cases
Total Frame	3,000 cases

Utilizing past data, an approximate 5.00% over sample will be built into the sample size determination in order to compensate for those cases to be dropped and for fluctuations in universe sizes. Additional cases will be selected to keep the number of selections at or above 250 per month.

**H. Adjusted Required Sample Size -  $(3,000 + (3,000 * .05)) = 3,150$**

Stratum 10 (Initial Approvals)	630 cases
Stratum 11 (Two Parent Household)	630 cases
Stratum 12 (Regular)	1,890 cases
Total Frame	3,150 cases

**I. Average Number of Reviews To Be Completed -  $(3,150/12=264)$**

Stratum 10 (Initial Approvals)	53 cases
Stratum 11 (Two Parent Household)	53 cases
Stratum 12 (Regular)	158 cases
Total Frame	264 cases

**J. Sampling Interval Calculation**

Formula:  $I = N/X$

Where:  $I =$  Sampling Interval

$N =$  Average Monthly Caseload

$X =$  Adjusted Required Sample Size Per Month

Stratum 10 (Initial Approvals)	$I = (1,147/53)$ $I = 21$
Stratum 11 (Two Parent Household)	$I = (93/53)$ $I = 1$
Stratum 12 (Regular)	$I = (7,432/158)$ $I = 47$

### Correction For Over Sampling

If a correction for over sampling is deemed necessary, the following procedure will be in effect. First, the monthly sample frame(s) will be assembled in monthly order beginning with the first month reported. A random start will be selected and applied to the (combined) lists to determine the first random case to be dropped from review. The calculated interval will then determine every case thereafter to be selected. The interval is calculated by using the formula  $I = X/Y$ , Where  $I$ = Sampling Interval,  $X$ = Number of Cases Selected For Review, and  $Y$ = Number of Cases to Be Dropped From the Sample. The  $Y$  value is calculated by subtracting the number of cases dropped from the number of cases selected for review. (This correction will not be made until the end of the annual review period when the exact number of cases selected for reporting is known.)

### Correction for Under Sampling

If a correction for under sampling is deemed necessary, the same procedure as is outlined above will be in effect with slight modification. The number of cases to be added to the selected cases for the review period will be calculated by utilizing the following formula:  $I = X/Z$ , where  $I$ = Sampling Interval,  $X$ = Number of Cases In The Universe, and  $Z$ = Number Of Additional Cases To Be Selected. The value of  $X$  is adjusted by subtracting the number of cases previously selected for reporting from the overall Number of Cases in the Universe. The cases previously selected for reporting must be removed from the universe to preclude duplication. The value of  $Z$  is calculated by subtracting the number of cases selected for reporting from the number of cases required to be reported. A supplemental list of cases will be generated. These cases will be reported in the same manner as all other cases. (Here again, the correction for under sampling will not be made until the end of the annual reporting period.)

ARKANSAS TEMPORARY ASSISTANCE TO NEEDY FAMILIES PROGRAM  
SAMPLING PLAN – POSITIVE ACTIONS  
OCTOBER 2006 - SEPTEMBER 2007  
Stratum 10 (Initial Approvals)

Caseload for Report Month	1,147
Sample Size	630
Monthly Sample	53
Interval	21
Random Start (October 2006)	8

List Selected Cases by:

County Code  
Case Number  
Category  
Case Name  
Report Month

A new random start will be used at the beginning of each month.

Random Start for October 2006 - September 2007

MONTH	RANDOM START
October 2006	8
November 2006	11
December 2006	16
January 2007	12
February 2007	1
March 2007	6
April 2007	11
May 2007	12
June 2007	9
July 2007	10
August 2007	4
September 2007	6

ARKANSAS TEMPORARY ASSISTANCE TO NEEDY FAMILIES PROGRAM  
 SAMPLING PLAN – POSITIVE ACTIONS  
 OCTOBER 2006 - SEPTEMBER 2007  
 Stratum 11 (Two Parent)

Caseload for Report Month	93
Sample Size	630
Monthly Sample	53
Interval	1
Random Start (October 2006)	1

List Selected Cases by:

County Code  
 Case Number  
 Category  
 Case Name  
 Report Month

A new random start will be used at the beginning of each month.

Random Start for October 2006 - September 2007

MONTH	RANDOM START
October 2006	1
November 2006	1
December 2006	1
January 2007	1
February 2007	1
March 2007	1
April 2007	1
May 2007	1
June 2007	1
July 2007	1
August 2007	1
September 2007	1

ARKANSAS TEMPORARY ASSISTANCE TO NEEDY FAMILIES PROGRAM  
SAMPLING PLAN – POSITIVE ACTIONS  
OCTOBER 2006 - SEPTEMBER 2007  
Stratum 12 (Regular)

Caseload for Report Month	7,432
Sample Size	1,890
Monthly Sample	158
Interval	47
Random Start (October 2006)	5

List Selected Cases by:

County Code  
Case Number  
Category  
Case Name  
Report Month

A new random start will be used at the beginning of each month.

Random Start for October 2006 - September 2007

MONTH	RANDOM START
October 2006	5
November 2006	42
December 2006	11
January 2007	26
February 2007	13
March 2007	34
April 2007	22
May 2007	29
June 2007	21
July 2007	9
August 2007	6
September 2007	4